
PERMISSION FORM – Girl Scouts Western Pennsylvania

Activity: Camp Med Field trip

Date and time of activity: June 24, 2026

Location of activity: Pittsburgh Pa

Time and place of departure: 8 am Camp Skymeadow

Time and place of return: after 5 p, Camp Skymeadow

Mode of transportation: Camp Vans

Driver's name(s): Camp Staff

Activity: _____ Activity Date: June 24, 2026

_____ is able to attend, and I hereby give my permission for her to participate.

_____ is unable to attend.

To the best of my knowledge, the participating child is in good health and free of illness at this time.

Please list any serious health problems or allergies that may affect the child during this activity:

During this activity, I can be reached at home or by cell at these numbers:

Home Phone: _____ Cell Phone: _____

If I cannot be reached in the event of an emergency, the following person is authorized to act on my behalf.
Please make sure this person is aware of the date and time of the activity.

Name: _____

Relationship to the participating child: _____ Phone: _____

Who will pick up the participating child after the activity (name and relation):

Name _____ Relation _____

Caregiver Signature

Date

I acknowledge I am the legal guardian of the participating child and am responsible for submitting an updated form if anything changes. Any special instructions or comments are included on the reverse side.