



Parent Permission Form

Troop#: \_\_\_\_\_ is planning a \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Time and Place of departure: \_\_\_\_\_

Time and Place of return: \_\_\_\_\_

Mode of Transportation: \_\_\_\_\_

Leaders and Adults Accompanying the Girls: Name(s) \_\_\_\_\_

Each Girl Will Need: Expenses \_\_\_\_\_

Equipment and clothing \_\_\_\_\_

In Case of an Emergency, the Leader Will Notify:

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

This individual is the designated individual, who will immediately notify the parents.

Leader's Name \_\_\_\_\_ Phone No. (w) \_\_\_\_\_ (H) \_\_\_\_\_

Complete this portion below line and return to Girl Scout Troop Leader by (Date): \_\_\_\_\_

My Daughter \_\_\_\_\_ has my permission to participate in \_\_\_\_\_

She can participate with reasonable accommodations. Yes \_\_\_ No \_\_\_ If No, Please describe:

During the Activity I May be Reached at: Phone No. /Address: \_\_\_\_\_

If I (we) cannot be reached for an emergency, the following person is authorized to act in my (our) behalf:

Name and Address: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Publicity Release:

I understand that when participating in Girl Scout activities that my child may be photographed for print, video, or electronic imaging. I further understand that the images may be used in promotional materials, news releases, and other published formats for either the Girl Scout Council of the Southern Appalachians or Girl Scouts of the USA. I acknowledge that the images will be the sole property of the Girl Scout Council of the Southern Appalachians or Girl Scouts of the USA.

\_\_\_ YES, I give my consent \_\_\_ NO, I do not give my consent

Parent or Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_