



Girl Scouts of Eastern Washington and Northern Idaho

**Parent Permission Form For Activities
(Hikes, Cookouts, Simple Overnight Trips, Day Events)**

Parent keeps top portion of this form.

Troop/Group _____ is planning _____

Date _____ Time _____

Location _____ Phone number (____) _____

Arrangements for transportation:

Time and place of departure _____

Time and place of return _____

Mode of transportation _____

Leaders accompanying the girls _____

Each girl will need:

Expenses _____

Equipment and clothing _____

In case of an emergency the Leader will notify:

Name _____ Phone number (____) _____

Return this portion to troop Leader.

My daughter _____ has permission to participate in _____. She is in good physical condition and has not had any serious illness or operation since her last health examination. I shall make sure that she does not attend if she is not feeling well and will so inform you. I also give permission for my daughter to be photographed and allow the troop or council to release said pictures for publicity purposes. During the activity I may be reached at:

Address _____

Phone number Home: (____) _____ Work: (____) _____

If I cannot be reached in the event of an emergency the following person is authorized to act in my behalf:

Name and address _____

Relation to participant _____ Phone number (____) _____

Physician's name and phone number _____ (____) _____

Additional remarks: _____

I hereby authorize emergency treatment of my daughter in a hospital emergency room or emergency treatment by a medical doctor.

Date

Parent or Gaurdian's Signature