



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: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

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