

PARENT/GUARDIAN PERMISSION FORM
Girl Scouts of Greater Iowa



_____ is planning a(n) _____
(Troop # / Person / Council) (Event)

on _____ to _____
(Date) (Date)

Person(s) in charge will be: _____
_____ and _____

We plan to leave from: _____ at _____
(Location and Address) (Time)

We will return to: _____ at _____ The cost per girl will be:
(Location and Address) (Time) \$ _____

Each girl should bring: _____
(Equipment list)

In case of emergency, the person in charge will call the following person and he/she will notify the parent(s):
Name: _____ Number: _____

.....
TEAR OFF AND RETURN THE BOTTOM PORTION TO TROOP LEADER.

My daughter _____ has my permission to participate with _____
(Troop # / Person / Council)

at the _____ on _____ I understand the
(Event) (Date) cost will be: \$ _____

I will make sure that she does not attend if she is ill and I will inform the Girl Scout Leader in advance; I understand a refund might not be available. I understand that if my child is in need of medication during this event, the medicine must be in its original container and must be given to the Girl Scout Leader or First Aid adult in charge and can not under any circumstances remain in my child's possession.

During the activity, I may be reached at:
Address: _____ Phone #: _____

If I cannot be reached in the event of an emergency, the following person is authorized to act in my behalf:
Name: _____ Phone #: _____
Address: _____ Relationship to Participant: _____

PARENT/GUARDIAN'S CONSENT FOR EMERGENCY MEDICAL TREATMENT

Girl Scouts of Greater Iowa or the adult in charge, _____ is hereby authorized to secure a physician's service if, in her judgment, any illness or accident should so indicate.

Signature of Parent or Guardian: _____ Date _____

Physician's Name: _____ Phone #: _____

Insurance Company: _____ Policy #: _____

THIS PERMISSION FORM MUST BE IN POSSESSION OF LEADERS OR DRIVERS AT ALL TIMES.