



## PARENT PERMISSION FOR TROOP ACTIVITY

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

Leaving time \_\_\_\_\_ date \_\_\_\_\_ place \_\_\_\_\_

Returning time \_\_\_\_\_ date \_\_\_\_\_ place \_\_\_\_\_

Transportation will be by \_\_\_\_\_

The adult in charge is \_\_\_\_\_

In the event of an emergency, contact \_\_\_\_\_ phone \_\_\_\_\_

Cost per girl is \$\_\_\_\_\_ Things to bring (i.e.: equipment, clothing, money, etc.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Leader's Signature/Date

\_\_\_\_\_  
Phone Number

+++++

**Parent/Guardian: Please complete fully and return to Troop leader.**

My daughter \_\_\_\_\_

Has permission to participate/attend \_\_\_\_\_

with Troop # \_\_\_\_\_ on \_\_\_\_\_, I will make sure she does not attend if she is  
not feeling well and will so inform you. Please describe any limitations \_\_\_\_\_

\_\_\_\_\_

I understand that the cost will be \_\_\_\_\_. During the activity, I may be reached at:

Address \_\_\_\_\_

Telephone \_\_\_\_\_ (home) \_\_\_\_\_ (work)

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

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ (home) \_\_\_\_\_ (work)

Relationship to participant \_\_\_\_\_

Physician's Name \_\_\_\_\_ Telephone \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian's Signature/Date