

## Parent/Guardian Permission Slip

Please return this form to the Leader by: \_\_\_\_\_.

Troop #: \_\_\_\_\_ is going to \_\_\_\_\_ on \_\_\_\_\_ (date).

Activities will include: \_\_\_\_\_

Place: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Leaving from: \_\_\_\_\_ at (time): \_\_\_\_\_

Returning to: \_\_\_\_\_ at (time): \_\_\_\_\_

Leaders/Adults accompanying girls: \_\_\_\_\_

Emergency Contact Person (Adult attending trip): \_\_\_\_\_

Emergency Contact Phone #: \_\_\_\_\_

Leader's Signature: \_\_\_\_\_

----- (Cut here and keep the above for your records) -----  
(Please use BLUE INK when completing this form!)

My daughter, \_\_\_\_\_, has my permission to participate in  
(activity) \_\_\_\_\_ on (date) \_\_\_\_\_.

To the best of my knowledge, she is in good physical condition with no serious illness or  
operation since her last health exam.  YES  NO If no, explain on back.

Is she currently taking any medications?  YES  NO Specify: \_\_\_\_\_

During this activity, I can be reached at: \_\_\_\_\_

Phone #: \_\_\_\_\_ Address: \_\_\_\_\_

If I cannot be reached, please contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to girl: \_\_\_\_\_

In the event that I cannot be reached in an EMERGENCY, I hereby give my permission to the  
physician selected by the person in charge to secure emergency treatment for my child as  
named above.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_