



Girl Scouts of the Green and White Mountains

Serving New Hampshire and Vermont

PO Box 10832

Bedford, NH 03110-0832

888-474-9686

PARENT/GUARDIAN PERMISSION FORM

Please complete both sides and return the bottom half to the Troop/Group Leader.

KEEP THIS PORTION FOR YOUR USE:

Troop/Group #: _____ is planning a: _____

Day/Date(s): _____ Time: _____

Location: _____ Onsite phone number: _____

Arrangements for transportation:

Time and place of departure: _____

Time and place of return: _____

We will travel by Private car Bus Other _____

Adults accompanying the girls:

Name: _____ Phone: _____

Name: _____ Phone: _____



RETURN THIS HALF TO THE TROOP LEADER after completing BOTH SIDES



My daughter (full name) _____

Has permission to participate in _____

Indicate any activities that should be restricted or that require assistance: _____

Have there been any changes in her health since completing the Health History form?

Yes

No

If yes, please note on reverse side.

Current medications and doses she will be taking: _____

(All medications, including over-the-counter, must to be given to the Troop Leader/Advisor in original container with directions for dispensing.)

I, _____ give _____ permission to

(signature of parent/guardian)

(print name of authorized adult)

administer medication(s)/dose(s) listed above.

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

Day phone: _____ Evening phone: _____

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

Name: _____ Relationship to Girl: _____

Address: _____

Day Phone: _____ Evening Phone: _____

(over)

EACH GIRL WILL NEED:

Equipment and clothing: _____
Food and beverage: _____
Personal expenses: _____
Special instructions: _____

In case of an emergency or delay, the Leader/Advisor will notify:

Name: _____ Phone Number: _____
(who will immediately notify the parents)

Leader/Advisor's signature Phone number

E-mail address

Physician's name: _____ Phone number: _____

Additional remarks/special instructions: _____

Permission is granted for my daughter to participate in this activity or trip. Permission is also granted for my daughter to receive emergency treatment and/or anesthesia from qualified personnel if necessary:

Parent/guardian signature Date

For parents' peace of mind, drivers transporting on Girl Scout activities must be an adult of 18 years or older. It is required that all vehicles used to transport Girl Scouts carry both bodily injury and property damage insurance. Copies of Certificates of Automobile Insurance are kept on file with the group Health History forms. Limits of at least \$100,000/\$300,000 bodily and \$50,000 property are suggested. Cars, vans, and station wagons are all suitable vehicles provided each passenger has a proper seat and seat belt.