

Girl Scouts of Kentuckiana
TROOP ACTIVITY PERMISSION FORM

Troop _____ is planning _____ on _____

The leader(s) in charge will be _____

and _____ (phone _____)

Arrangements for Transportation:

Transportation is is not provided.

Time and place of departure: _____

Time and place of _____

Location/Phone _____

Mode _____ of _____

What to bring _____

What to _____

Parents: Please keep this top portion.

PARENT PERMISSION: Please return to the Troop Leader.

My daughter _____ has permission to attend or participate with troop # _____

in (event) _____ on (date) _____. I understand that the cost will be \$ _____. .

PARENT/GUARDIAN MUST PROVIDE EMERGENCY INFORMATION:

I can be reached by calling (number) _____ during the event. If for any reason, you cannot reach me here,

please call (name) _____, number _____

(relationship) _____

Name/Parent - Guardian (please circle one)

Date

Special Limitations for my daughter:

I am sending prescription medicine for my daughter in the original container with the name of the prescription and complete instructions for administering. I give permission to the leader to hold and administer to my daughter. (Cross out this section if it does not apply).

I hereby hold the Girl Scouts of Kentuckiana harmless for any injuries or damages sustained while in attendance. In case of injuries, I hereby authorize and give consent to the leaders of the event to obtain and provide medical treatment and services as are deemed necessary.

Print Daughter's Name

Signed

Parent or Guardian

Date Phone # _____

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