



Girl Scouts Heart of Michigan Parent Permission Form

Troop #: _____ Leader's Name: _____

Leader's Home Phone: (_____) _____ Leader's Cell Phone: (_____) _____

Activity: _____

Activity Date: _____ Place: _____

We will leave from: _____ at _____ a.m. p.m.

We will return to: _____ at _____ a.m. p.m.

Cost: \$_____ Return Permission Slip and Payment By: _____

Girls should wear: Uniforms Other: _____

Girls should bring: _____

Troop Emergency Contact (an adult not attending the event):

Name: _____ Phone: (_____) _____

Equipment Needed: _____

Drivers/Chaperones Needed: _____

(Tear off, keep upper portion.)

(Return this portion to troop leader by: _____)

Girl Scouts Heart of Michigan Parent Permission Form

My daughter _____ has my permission to go to _____.

She is in good physical condition at present. I will make sure that she does not attend if she is ill.

I understand the cost will be \$_____.

During this activity, I can be reached at: (_____) _____ or

(_____) _____ Pager/Cell Phone: (_____) _____

Please list names and phone numbers of two other responsible adults to call if we are unable to reach you in case of an emergency or delay. Please notify these contacts that you have listed them.

_____	(_____) _____	(_____) _____
Name	Home Phone	Work Phone

_____	(_____) _____	(_____) _____
Name	Home Phone	Work Phone

Girl Scouts Heart of Michigan has my permission to secure emergency medical care for my daughter while participating in this activity.

My Insurance Carrier: _____ Policy #: _____

Signed (Parent or Guardian): _____ Date: _____

I am willing to drive and

I have (#) _____ seatbelts and/or child seats, as required, available in the back seat of my vehicle.

I have provided the troop leader a signed copy of the Driver's Guidelines and Driver and Privately Owned Vehicle Statements and current proof of insurance.

I am willing to chaperone this trip.

My daughter is not attending this trip. (Please initial _____ and return.)