



girl scouts
heart of michigan
GIRL RELEASE

Girl's Name _____ Troop # _____

I authorize the following person(s) to pick up my daughter from her troop meeting. (Please include your own name on the list if you will be the responsible person). All changes to this must be made in writing.

1) Name _____ Relationship _____

Day Phone _____ Evening Phone _____ Cell Phone _____

2) Name _____ Relationship _____

Day Phone _____ Evening Phone _____ Cell Phone _____

3) Name _____ Relationship _____

Day Phone _____ Evening Phone _____ Cell Phone _____

If there is a person(s) to whom your child should not be released, please list that person's name(s) below:

1) Name _____ Relationship _____

2) Name _____ Relationship _____

Signature of Parent/Guardian _____ Date _____