

## Girl Scouts Heart of Michigan Parent Permission Form

Troop #:	Leader's Name:		
Leader's Home Phone: (	Leader's Cell Phone: ()		
Activity Date:	Place:		
			□ a.m. □ p.m.
We will return to:		at	□ a.m. □ p.m.
Cost: \$	Return Permission Slip and Paymer	nt By:	
Girls should wear: 🛛 Unifor	rms 🛛 Other:		
Troop Emergency Contact (a	in adult not attending the event):		
Name:		Phone: ()	
	(Tear off, keep upper portion	ı.)	
girl scouts (R heart of michigan	eturn this portion to troop leader by: _ Girl Scouts Heart of Mi Parent Permission I	chigan	
My daughter	has my permission	to go to	
She is in good physical condi	ition at present. I will make sure that she	does not attend if she is ill.	
I understand the cost will be	\$		
Please list names and phone	eached at: () numbers of two other responsible adults notify these contacts that you have listed	to call if we are unable to reach y	
Name	Home Phone	Work Phone	
		( )	
Name Girl Scouts Heart of Michigar this activity.	Home Phone has my permission to secure emergenc	Work Phone y medical care for my daughter w	hile participating in
My Insurance Carrier:	Policy #:		
Signed (Parent or Guardian):		Date:	
<ul> <li>I have provided the troc</li> <li>Statements and curre</li> <li>I am willing to chaperone</li> </ul>	•	uidelines and Driver and Privately	