

## Permission Slip

SU# \_\_\_\_\_ Troop/Group # \_\_\_\_\_ Activity/Trip/Event: \_\_\_\_\_

Location: \_\_\_\_\_ Address: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ to \_\_\_\_\_

Departure: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Place: \_\_\_\_\_ Address: \_\_\_\_\_

Return: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Place: \_\_\_\_\_ Address: \_\_\_\_\_

Adult in charge: \_\_\_\_\_

Adults accompanying the girls on this activity:

1. \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_

3. \_\_\_\_\_ Phone \_\_\_\_\_

4. \_\_\_\_\_ Phone \_\_\_\_\_

Cost of the activity \$ \_\_\_\_\_ For \_\_\_\_\_

To be turned in with this permission form by \_\_\_\_\_ (date)

Each girl should bring: \_\_\_\_\_

Attire for this activity: \_\_\_\_\_

In case of an emergency, the adults in charge will contact: \_\_\_\_\_ (name)

at \_\_\_\_\_ (phone) who will immediately notify parents.

Other information: \_\_\_\_\_

(Please return the bottom portion only to the troop leader. Retain top for your information.)

My child \_\_\_\_\_ has my permission to participate in the

following activity: \_\_\_\_\_ on (date): \_\_\_\_\_

She is physically capable of participating fully in this activity. A current *Girl Health History* form is on file with the troop leader.

Emergency Contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

If I cannot be reached in the event of an emergency, please contact the following person:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to girl: \_\_\_\_\_

In the event of an accident, serious illness, or other emergency, The Girl Scouts Heart of New Jersey has my authorization to secure medical attention for my child as deemed necessary.

Signature of Parent or Guardian

Date