



GIRL SCOUTS OF GREATER ATLANTA, INC.
PERMISSION FOR A GIRL SCOUT ACTIVITY

Troop # _____ is planning _____

Date _____ Time _____

Location _____ Phone number _____

Arrangement for Transportation:

Time _____ and place of departure _____

Time _____ and place of return _____

Mode of transportation _____

Adults accompanying the girls _____ and _____

Each girl will need \$ _____ for expenses to cover _____

Other equipment and clothing needed _____

In case of change of schedule or emergency the leader will notify:
(Name) _____ (Phone number) _____
Who will then notify the parents or guardians at the number you have listed for emergencies.
This person will be provided with a list of all emergency numbers you have listed below and on the Health History Record.

(Leader's signature) _____ (Phone number) _____

(Tear off and return this portion to Troop Leader or adult in charge of activity)

My daughter _____ has my permission to participate in

_____. Date of the trip is _____

I have reviewed her Health History Record and confirm that all the information is current and correct. I have provided any medications that my daughter will need to take in the original container with written instructions on when they are to be dispensed. I give permission to the person trained in First Aid, or another adult in charge of the activity to administer the medicine as needed.

During the activity, I may be reached at

Phone # _____ Cell Phone # _____

If I am not available at the above phone numbers please contact the persons listed on my daughter's Health History Record.

Signature of parent or legal guardian _____ Date _____

Signature of parent or legal guardian _____ Date _____

In addition to this form, a Health History Record completed and signed by the parent within the current year is required to be on file with the Troop Leader or adult in charge