

Parent Permission for Activities

Troop Number _____ is planning special activities away from the regular troop meeting place. For your daughter to attend, the back of this permission form must be signed and returned to the troop *each time* these activities are planned.

"I _____ give my permission for my child _____ to participate in the activity listed on this form. I have been given the opportunity to ask questions about the activities involved in this event. I recognize that accidents do occur and that certain risks and dangers exist in all activities."

For your daughter to attend, please make sure that she is in good physical condition and that no serious illness or operations have occurred since her last health/physical examination.

* In the space below, please note changes that occur throughout the year.

Date:
Date:
Physician name:
Phone:
Dentist name:
Phone:

This form is for the _____ Girl Scout year. Please see that it is always returned to the troop leader.

Troop Leader: _____
Phone: _____

Girl Scouts of Virginia Skyline Council
 3663 Peters Creek Road, NW, Roanoke, VA 24019
 540-777-5100, 1-800-542-5905 www.gsvsc.org

PLEASE FILL IN INFORMATION REQUESTED BELOW

Daughter's Name (first, middle, last)			
Mailing Address	City	State	Zip Code
School Name	School Grade	Birthdate (mo/day/yr.)	
Home Telephone	Date of last health examination		
Note any health conditions that might limit your daughter's participation in activities.			
You may give my daughter acetaminophen (such as Tylenol) <input type="checkbox"/> Yes <input type="checkbox"/> No			

ABOUT YOURSELF (Please fill in address and telephone if different from your daughter's)

Father's Name (First, middle initial, last)			
Mailing Address	City	State	Zip Code
Business Telephone	Home Telephone	Cell	
Mother's Name (First, middle initial, last)			
Mailing Address	City	State	Zip Code
Business Telephone	Home Telephone	Cell	

YOUR CONSENT

I understand that it is my responsibility to contact the leader if there is a change in the emergency contact information given on this form.

Signature of Parent or Guardian	Date
Signature of Parent or Guardian	Date

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*As your daughter's health information changes, be sure to update the reverse side of this form.

						MUST BE SIGNED FOR EACH ACTIVITY	
Activity	Date	Depart. Time	Arrival Time	Cost	Additional Equipment Needed	Emergency Contact Name/Phone (to be filled in by parent)	Parent/Guardian Signature