



**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)

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(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 the my daughter's Health History Record.

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