

**PARENT/GUARDIAN:** WRITTEN CONSENT IS REQUIRED FOR EVERY GIRL WISHING TO PARTICIPATE IN AN ACTIVITY HELD AT A DIFFERENT PLACE AND TIME FROM THE REGULARLY SCHEDULED MEETING, OR ONE THAT INVOLVES UNUSUAL RISKS OR CONTROVERSIAL ISSUES. (SAFETY WISE, P.36-37)

**GIRL SCOUTS OF MICHIGAN TRAILS**  
3275 Walker Avenue NW, Grand Rapids, MI 49544

# PARENT PERMISSION FORM

Troop/Group \_\_\_\_\_ Is planning a \_\_\_\_\_  
Date \_\_\_\_\_ Time \_\_\_\_\_  
Location \_\_\_\_\_ Phone No. \_\_\_\_\_

**ARRANGEMENTS FOR TRANSPORTATION:**

Time & Place of Departure \_\_\_\_\_  
Time & Place of Return \_\_\_\_\_  
Mode of Transportation \_\_\_\_\_  
Leaders Accompanying the Girls \_\_\_\_\_  
Names(s): \_\_\_\_\_

**EACH GIRL WILL NEED:**

Expenses \_\_\_\_\_  
Equipment & Clothing \_\_\_\_\_

**IN CASE OF EMERGENCY, THE LEADER WILL NOTIFY:**

Name \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_  
who will immediately notify the parents/guardian.

Leader's Signature \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_

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**RETURN THIS SECTION TO TROOP LEADER:**

My daughter \_\_\_\_\_  
has permission to participate in \_\_\_\_\_

She can participate with reasonable accommodations. [ ] Yes [ ] No  
Please describe. \_\_\_\_\_

**DURING THIS ACTIVITY, I MAY BE REACHED AT:**

Address: \_\_\_\_\_ City/Zip \_\_\_\_\_  
Phone No. ( ) \_\_\_\_\_

**IF I (WE) CANNOT BE REACHED IN THE EVENT OF AN EMERGENCY, THE FOLLOWING PERSON IS AUTHORIZED TO ACT IN MY (OUR) BEHALF:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_  
Physician's Name \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_  
Additional Remarks \_\_\_\_\_

I authorize the troop leader to secure necessary emergency medical care and treatment in case of an emergency if I cannot be reached. I understand that if an emergency does arise, I will be notified as soon as possible.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_