

Girl Scouts of NOARK Council  
**PARENT/GUARDIAN PERMISSION**  
**FOR PARTICIPATION IN GIRL SCOUT ACTIVITY**  
*Form Expires September 1, 2008*

Troop #	Activity:	
Date:	Time:	Location:
Departure: Date:	Time:	Location:
Return: Date:	Time:	Location:
ADULT IN CHARGE OF THIS ACTIVITY:		
Name:	Phone #:	Email:
EACH GIRL WILL NEED:		
Expenses: \$ _____ for:		
Equipment/clothing/food:		
IN THE EVENT YOU NEED TO CONTACT YOUR DAUGHTER DURING THIS ACTIVITY CALL:		
Name:	Day Phone #:	Evening Phone #:

**(PARENTS - PLEASE KEEP THIS PORTION)**



**(PARENTS COMPLETE THIS PORTION OF THE FORM & RETURN IT TO THE TROOP LEADER)**

My daughter _____ has my permission to participate with Girl Scout # _____ in (activity) _____. She is in good physical condition, has no known recent exposure to a contagious disease and has not had any serious illness or operation since her last health examination. She has my permission to participate in all activities except: _____		
<input type="checkbox"/> My daughter is allergic to: _____		
<input type="checkbox"/> She is currently taking the following prescribed medication: (please give dosage instruction if medication is to be administered during this activity.) _____		
<input type="checkbox"/> Do we have permission to give your daughter minor First- Aid?		<input type="checkbox"/> yes <input type="checkbox"/> no
<input type="checkbox"/> Do we have permission to give your daughter an aspirin-substitute (acetaminophen)?		<input type="checkbox"/> yes <input type="checkbox"/> no
<u>During this activity, I may be reached at:</u>		
Day Phone #:	Evening Phone #:	Cell Phone #:
<u>If I cannot be reached in the event of an emergency, the following person is authorized to act on my behalf:</u>		
Name:	Relationship:	
Day Phone #:	Evening Phone #:	Cell Phone #:
In the event I am unable to pick my daughter up from this activity I authorize the following person(s) to pick her up. They are aware that they will have to show identification at that time.		
Name:	Relationship:	
Name:	Relationship:	
<i>HOLD HARMLESS AGREEMENT: I hereby release and hold harmless Girl Scouts of NOARK Council for any and all claims, liability, causes of action, damage costs and other expenses arising from, out of, or associated with my child's participation in the activities listed above. My signature below evidences my release of Girl Scouts of NOARK Council, its employees and agents, as to the activities specified.</i>		
Parent/Guardian Signature: _____		Date: _____