



Girl Scouts of Ohio's Heartland Council
Parental Permission Form

Troop/Group No. _____ is planning a trip to _____
(Location & Address)

Date _____ Time _____ Phone No. of location _____

Time & place of departure _____

Time & place of return _____

Mode of transportation _____

Leaders/Advisors accompanying the girls:

Name _____ Name _____

Each girl will need: Expenses _____

Equipment & clothing _____

In case of emergency, the Leader will notify _____ Phone _____

Who will immediately notify parents/guardians.

Leader/Advisor's Signature

Date

Phone No.

(Tear off and return this portion to the Troop/Group Leader)

Return this portion by _____

My daughter, _____, has permission to participate in _____

_____ She is in good physical condition and has not had any serious illness or operation since her last health examination. During the activity I may be reached at:

Address _____ Phone _____

If I cannot be reached in the event of an emergency, the following person is authorized to act on my behalf:

Name & Address _____

Relation to participant _____ Phone _____

Physician's name _____ Phone _____

Additional Remarks _____

Parent/ Guardian's Signature

Date