

Heritage Trails Girl Scout Council, Inc.
PARENTAL PERMISSION FORM

Troop No. _____ is planning a _____
Date _____ Time _____

Arrangement for transportation:
Time and place of departure _____
Time and place of return _____
Mode of transportation _____

Leaders accompanying the girls:
Name _____ Name _____

Each girl will need:
Expenses: _____

Other equipment and clothing _____

In case of emergency, the leader will notify:
_____ Phone (____) _____
who will immediately notify the parents.

Leader's Signature _____ Date _____ Phone No. _____
.....
(Tear off and return this portion to troop 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 in my behalf:

Name and address _____
_____ Phone (____) _____

Relation to participant _____
Physician's Name _____ Phone (____) _____

Additional Remarks: _____

Date _____ Parent's Signature _____
HTGSC 8/92 1/83 as shown in Safety-Wise)