

# Activity Permission Form

Return completed and signed form to troop leader by:

Troop # \_\_\_\_\_ Activity & Destination \_\_\_\_\_

Will Meet \_\_\_\_\_

Will Return\* \_\_\_\_\_

Your Girl Scout should bring: \_\_\_\_\_

Your Girl Scout should wear: \_\_\_\_\_

Names of accompanying adults: \_\_\_\_\_

**TO BE COMPLETED BY PARENT/CAREGIVER**

\_\_\_\_\_ has permission to participate in the activity described above with

Troop # \_\_\_\_\_ on \_\_\_\_\_ . She is in good physical health and has not been

exposed to any contagious disease in the past two weeks.

**Special Accommodations:** *(If a child or an accompanying adult requires any special accommodation to participate in this program or has a health condition that should be monitored, it must be noted.)*

Parent/Caregiver: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

PARENT/CAREGIVER SIGNATURE(S)

DATE SIGNED

**\*If there is any delay in returning, the parent/caregiver or emergency contact will be notified at the phone number provided above.**

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