girl scouts of southern appalachians

Troop # _____ is planning special activities away from the regular troop meeting location.

Questions about these activities should be directed to _____ at (_____)_____-_____ .
Troop volunteer name — Troop volunteer phone number

_____ _____/_____/_____ (_____)_____-_____ (_____)_____-_____
Girl's first and last name — Girl's birthday — Parent/guardian primary phone number — Parent/guardian alternate phone number

_____ _____ _____ _____
Parent/guardian first and last name(s) — Mailing Address — City, State — Zip Code

I _____ (your name) give my permission for my daughter _____ (girl's name) to participate in the activity listed on this form. I have been given the opportunity to ask questions about the activities. I recognize that accidents do occur, and that certain risks and dangers exist in all activities. I recognize that for my daughter to attend, she must be in good physical condition and her troop volunteers must have an up-to-date health history form filled out for her. If reasonable accommodations are needed, I have listed them here: _____
_____
_____

					MUST be Signed for EACH Activity		
Activity & location	Date of Activity	Departure Time and place	Arrival Time and place	Mode of Transport	Initial to give approval to photograph or film child.	If I cannot be reached, the following person can act on my behalf. (Emergency Contact name and phone)	I give my permission for the child listed on this page to participate in the activity. (Parent/Guardian signature)