

**GIRL SCOUTS OF NORTHWEST FLORIDA
PARENT/GUARDIAN PERMISSION SLIP**

Troop _____ is planning a _____

At (location) _____

On (date) _____ at (time) _____. For more information, please call _____.

Arrangements for transportation:

Time and place of departure: _____

Time and place of return: _____

Mode of transportation: _____

Leaders accompanying girls: _____

Each girl will need: Expenses _____
Clothing _____
Other _____

In case of emergency, the leader will notify the emergency contact person,
_____ at (phone) _____

who will immediately notify the parents.

Leader's Signature Phone

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(Tear off and return bottom section to troop leader.)

My daughter, _____, has permission to participate in
_____. She is in good 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 and address: _____

Relationship to participant: _____ (phone) _____

Remarks: _____

Physician's Name _____ (phone) _____

Parent/Guardian Signature: _____ (date) _____