

Girl Scout Council of Hawaii
PARENT/GUARDIAN PERMISSION SLIP

Troop _____ is planning a _____

Date: _____ Time: _____ Location: _____ Phone #: _____

ARRANGEMENTS AND 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 _____ Equipment/Clothing: _____

In case of emergency, the leader will notify the troop contact person:

Name: _____ Phone: _____

Address: _____

My daughter _____, has permission to participate in _____
_____ on (date) _____.

She is in good physical condition and has not had any serious illness or operation since her last health examination (date) _____. If it is necessary for a physician to attend my child, she may have emergency medical attention at my expense. She has permission for Council public relations photos.

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 & Address: _____ Phone #: _____

Relationship: _____ Cell/Pager: _____

Additional Remarks:

Parent/Guardian Signature: _____

Troop Leaders: This form, after being filled in: 1) Should be taken on the activity. 2) It should be retained on file for one year. 3) In case of accident or illness, it should be attached to the copy of the accident/illness report submitted.