

**Girl Scout Council of the Ozark Area
Parental Permission Form**

Troop # _____ is planning a _____ on (date) _____

Location _____ Phone # at Location _____

Transportation Arrangements:

Will Leave from _____ at (time) _____

Will Return to _____ at (time) _____

Mode of Transportation _____

Leaders Accompanying Girls

Name _____ Name _____

Phone _____ Phone _____

Each Girl Will Need:

Money _____ for _____

Wear _____

Take _____

Other _____

In case of Emergency Leader will notify _____

who will then notify you. His/Her Phone _____

(Tear here. Keep top. Return bottom to troop leader)

Name _____ has my permission to participate in the activity below:

_____.

She is in good physical condition/health and has not had any serious illness or operation since her last health exam. If I cannot be reached in case of an emergency, the following person is authorized to act on my behalf:

Name _____ Address _____

Phone _____ Relationship to Girl _____

Physicians Name & Phone _____

Additional Remarks _____

Parent Signature _____ **Date** _____