

GIRL SCOUTS, SAN DIEGO-IMPERIAL COUNCIL, INC.

PERMISSION FORM

Dear Parent/Guardian:

Troop # \_\_\_\_\_ is planning \_\_\_\_\_

Dates: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

ARRANGEMENTS FOR TRANSPORTATION:

Time & Place of Departure: \_\_\_\_\_

Time & Place of Return: \_\_\_\_\_

Method of Transportation: \_\_\_\_\_

LEADERS ACCOMPANYING THE GIRLS:

Names: \_\_\_\_\_

Names: \_\_\_\_\_

EACH GIRL WILL NEED:

Expenses: \_\_\_\_\_

Equipment & Clothing: \_\_\_\_\_

In case of unusual circumstances (major delays etc) the leader will call: \_\_\_\_\_

At (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ who will then contact the parents.

\*\*\*\*\*DETACH & RETURN THE BOTTOM PORTION TO THE LEADER BY \*\*\*\*\*

Only girls with a signed permission form may participate

My daughter \_\_\_\_\_ has permission to participate in \_\_\_\_\_ on \_\_\_\_\_.

The following information is provided so that the adult in charge may contact a responsible person in case of illness or accident during the activity.

Parent/Guardian (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Phone #

Responsible person other than above (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Phone #

Parent/Guardian (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Phone #

My daughter is in good health and may engage in all activities [ ]yes [ ]no. If no, list any exceptions: \_\_\_\_\_

In an emergency situation, and emergency medical technician may need to know the following information regarding my daughters health (ie: allergies, chronic illness, seizures etc.) \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_. I give my permission for the adult in charge to take my child to a medical facility, if necessary. In case of emergency, if none of the above can be contacted, I consent to treatment for my daughter under the supervision of and as deemed advisable by a physician licensed under the Medicine Practice Act. This provides authority pursuant to Section 25.8 of the California Civil Code.

\_\_\_\_\_  
Parent/Guardian Signature  
Date