

Permission Form

Dear Parent/guardian:

Troop/group # _____ is planning _____

Dates(s) _____ Time _____

Location _____ Phone number(_____) _____

Arrangements for transportation:

Time and place of departure _____

Time and place of return _____

Method of transportation _____

Leaders accompanying the girls:

Name(s) _____

Each girl will need:

Expenses _____

Equipment and clothing _____

In case of unusual circumstances (major delays, etc.), the leader will call:

Name _____ Phone number(_____) _____

who will then contact the parents.

_____ (_____) _____

----- Detach and return the bottom portion to leader by _____ -----

Only girls with a signed permission form may participate.

My daughter _____ has permission to participate

in _____ Date _____

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(s)

_____ (_____) _____
Parent/guardian Phone(s)

_____ (_____) _____
Responsible person other than the above/relationship Phone(s)

_____ (_____) _____
Doctor Phone

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

In an emergency situation, an emergency medical technician may need to know the following information regarding my daughter's health (e.g., allergies, chronic illnesses, 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 or guardian's signature _____ Date _____