

GIRL SCOUTS OF GLOWING EMBERS COUNCIL, INC.  
**PARENT PERMISSION FOR SPECIAL TROOP ACTIVITIES**

Keep the top portion for your information

Troop # \_\_\_\_\_ is attending \_\_\_\_\_ on \_\_\_\_\_  
Dates

We expect to leave from \_\_\_\_\_ at \_\_\_\_\_ a.m.  
p.m.

And return to \_\_\_\_\_ at \_\_\_\_\_ a.m.  
p.m.

The cost per girl is \$ \_\_\_\_\_ Troop Family will pay by \_\_\_\_\_  
Date

The cost covers \_\_\_\_\_

Each girl will bring or wear \_\_\_\_\_

The "At-home" emergency contact person for this event will be \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Troop Leader \_\_\_\_\_ E-Mail \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Additional Information:

=====  
Return this portion to the troop leader

My daughter \_\_\_\_\_ has my permission to participate in  
\_\_\_\_\_ with Troop # \_\_\_\_\_ on \_\_\_\_\_.

I understand the cost will be \$ \_\_\_\_\_. I will make sure that she does not attend if she is not feeling well and I will notify the troop leader if this happens.

If there is an emergency and I cannot be reached at the home or emergency phone numbers on the Health Form, I hereby give permission for emergency care or medical attention as deemed necessary by any licensed physician.

My child's physician is \_\_\_\_\_ Phone \_\_\_\_\_

Remarks (restrictions, medication) \_\_\_\_\_

Preferred hospital \_\_\_\_\_ City \_\_\_\_\_

During this activity I may be reached at \_\_\_\_\_ Phone \_\_\_\_\_

Emergency contact person \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian Date