



Parent/Guardian Permission for Troop Activity

Troop leaders must obtain the written permission of the parent/guardian of each girl planning to participate in any activity outside of the normal meeting time and/or location. Girls without written permission will not be transported from the departure location (if applicable) and may not participate in the activity. Troop leaders need to retain this form for their records.

Troop Number _____ Community _____ Responsible Adult _____

Parent/Guardian Name _____ E-mail _____

Address (street, city, state, zip) _____

Phone (day) _____ Phone (cell) _____

Your daughter should have money for the following: Transportation \$ _____ Food \$ _____ Other \$ _____
Total \$ _____

Activities will include the following: _____

Please bring these items: _____

Adults attending as chaperones: _____

Troop Emergency Contact: _____ Phone _____

Participation in Troop Activity

_____ I give my daughter _____ permission to participate and attend the following troop
(Initial) (Name of Girl Scout)
activity/program to attend _____ on this date(s) _____
(Name of Troop Activity/Program)

Leaving from _____ Date _____ Time _____ PM AM

Returning to _____ Date _____ Time _____ PM AM

During this activity/program, I can be reached at _____
(Phone)

Swimming Ability – Please note that all girls are required to have a swim test to identify their ability for all water activities

_____ My daughter's swimming ability is _____ Beginner (Must wear PFD) _____ Intermediate (Can swim in 3ft or less and/ or
(Initial) wear PFD) _____ Proficient (Is a strong swimmer and can swim in any depth) _____ NA to Activity

Health History/Emergency Contact

_____ My daughter is in good physical condition and has not had any previous illness or operation since her last health
(Initial) examination. Please indicate any special concerns, allergies or dietary considerations _____

If I cannot be reached in the event of an emergency, the following person is authorized to act in my behalf:

Name _____ Relation to Participant _____

Address (street, city, state, zip) _____

Phone (day) _____ Phone (cell) _____

Photo Release

_____ Participants in this Girl Scout program may be photographed for print, video or electronic imaging. Each adult participant and the
(Initial) parent/guardian of each minor participant understands these images will be the sole property of Girl Scouts of Citrus Council, Inc. and may be used in promotional materials, news releases and other published formats.

My initials indicate that I have read and understand the above statement and give my permission.

Print name of Parent / Guardian: _____

Signature of Parent / Guardian: _____ Date _____

Additional forms and/or permissions may be required for specific activities, events, programs and camps. Please follow specific instructions if applicable.