



Girl Scouts®

## PARENT/GUARDIAN PERMISSION FORM

*Return this page to group leader*

My daughter, \_\_\_\_\_

has permission to participate in \_\_\_\_\_

**She can participate with reasonable accommodations.**

Yes  No

Please describe: \_\_\_\_\_

**During the activity, I (we) can be reached at:**

Address: \_\_\_\_\_ Telephone number: \_\_\_\_\_

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

Physician's name: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Additional remarks: \_\_\_\_\_

Parent or guardian's signature \_\_\_\_\_ Date: \_\_\_\_\_  
(must be signed)