



Parent Permission Form

Girl Scouts of the Appalachian Council, Inc.
1100 Woodland Avenue./ PO Box 3100 CRS
Johnson City, TN 37602-3100
423-929-8185 * 1-800-428-3991 * fax 423-929-8117
e-mail: info@girlscoutsappalachian.org

KEEP THIS PORTION FOR YOUR RECORDS

Girl Scout Troop/Group #: ____ will be participating in _____ at _____

Leaving from: _____ Time: _____ Date: _____

Returning to: _____ Time: _____ Date: _____

If there is a change in plans (name): _____ At (phone): _____

Will relay the emergency to or from us.

Signature of Troop/Group Leader
Girl Scouts of the Appalachian Council, Inc.

Complete and return bottom portion to Troop/Group Leader.

My daughter, has permission to attend _____ with Troop/Group #.
I understand the cost is \$ _____. I will make sure she does not attend if she is not feeling well.

In case of emergency, I can be reached at (day) _____ (evening) _____

If I cannot be reached at the above numbers, _____ will be responsible for my daughter.

He/she can be reached at (day) _____ (evening) _____

I give permission for my daughter to receive medical treatment in case of emergency.

Signature of Parent/Guardian and Date



TROOP LEADER: THE ANNUAL CONSENT, WITH AUTHORIZED PERMISSION TO TREAT, MUST ACCOMPANY THIS FORM.

OVER

PARENT PERMISSION

(To be used for any activity other than a regular troop meeting)
(Cut and return to Troop Leader)

My daughter, _____ has permission to attend _____ with troop # _____. I understand the cost is \$ _____. I will make sure she does not attend if she is not feeling well. In case of emergency, I can be reached at phone # _____. If I can not be reached at this number, (name) _____ at (phone #) _____ or (name) _____ at (phone #) _____ will be responsible.

I give my permission for my daughter to receive medical treatment in case of emergency.

Parent Signature Date

(Keep this portion)

Leaving from _____ Time _____ Date _____

Returning from _____ Time _____ Date _____

If there is change in plans, (name) _____ at (phone #) _____ will relay emergency messages to or from us.

Signature of Troop Leader Date
Girl Scouts of the Appalachian Council, Inc

PARENT PERMISSION

(To be used for any activity other than a regular troop meeting)
(Cut and return to Troop Leader)

My daughter, _____ has permission to attend _____ with troop # _____. I understand the cost is \$ _____. I will make sure she does not attend if she is not feeling well. In case of emergency, I can be reached at phone # _____. If I can not be reached at this number, (name) _____ at (phone #) _____ or (name) _____ at (phone #) _____ will be responsible.

I give my permission for my daughter to receive medical treatment in case of emergency.

Parent Signature Date

(Keep this portion)

Leaving from _____ Time _____ Date _____

Returning from _____ Time _____ Date _____

If there is change in plans, (name) _____ at (phone #) _____ will relay emergency messages to or from us.

Signature of Troop Leader Date
Girl Scouts of the Appalachian Council, Inc