



# Individual Permission Slip for Troop or High Risk Activity

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Activity \_\_\_\_\_ Girl Scout Troop # \_\_\_\_\_

Place \_\_\_\_\_ Cost \_\_\_\_\_

Departure Date \_\_\_\_\_ Time \_\_\_\_\_ Return Date \_\_\_\_\_ Time \_\_\_\_\_

\_\_\_\_\_ Has my permission to participate in this activity.

Name of Girl Scout

*She is in good physical condition and has not had any serious illness or operation since her last health examination and has my permission to receive first aid and to receive emergency treatment from a licensed physician. It is understood that all reasonable efforts will be made to contact the parent or guardian. I/we further release Girl Scouts of Oregon and Southwest Washington, Inc. from any liability or damages, including any claim for injuries incurred by my/our child as a result of participation in this Girl Scout activity.*

Name of Physician \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Special Medical Needs (allergies, etc.) \_\_\_\_\_

Check if Girl Scout may not:

Be photographed for council publicity purposes  Swim, if applicable.

Participate in \_\_\_\_\_ (e.g., active sport.)

Signature of Parent or Guardian Date \_\_\_\_\_ Phone(s) where Parent or Guardian are during activity \_\_\_\_\_

Alternate for emergency \_\_\_\_\_ Phone(s) \_\_\_\_\_

**This permission slip must be signed by parent or guardian and returned to Girl Scout leader.**

↑ Return this portion to the Girl Scout troop leader

Girl Scout Leader Phone Leader of Activity Phone

Departure Place Time Date Return Place Time Date  
In case of emergency/during activity, parent should contact: \_\_\_\_\_  
\*At-Home Contact\* Person Phone

Activity \_\_\_\_\_ Girl Scout Troop/Grade \_\_\_\_\_  
Location \_\_\_\_\_

Parents/Guardians: keep this information



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