

3-IN-1 PARENT PERMISSION (PAGE 1 - PARENT/GUARDIAN COPY)

To be completed by the troop leader for parent records. Complete this page with details of up to three activities and give form to parents. Parent/Guardian must complete and sign page two.

ACTIVITY #1 _____

Troop #: _____ Activity: _____

Date: ___/___/___ Time: _____ Location(s): _____

Departure - Time: _____ Place: _____ Each girl needs - Expenses: \$ _____

Return - Time: _____ Place: _____ Equipment/Clothing: _____

Mode(s) of transportation: _____

Names of accompanying adults/leaders: _____

In case of emergency, the accompanying adult/leader will contact (*name*) _____
at (*phone*) () _____ who will immediately notify the parents.

ACTIVITY #2 _____

Troop #: _____ Activity: _____

Date: ___/___/___ Time: _____ Location(s): _____

Departure - Time: _____ Place: _____ Each girl needs - Expenses: \$ _____

Return - Time: _____ Place: _____ Equipment/Clothing: _____

Mode(s) of transportation: _____

Names of accompanying adults/leaders: _____

In case of emergency, the accompanying adult/leader will contact (*name*) _____
at (*phone*) () _____ who will immediately notify the parents.

ACTIVITY #3 _____

Troop #: _____ Activity: _____

Date: ___/___/___ Time: _____ Location(s): _____

Departure - Time: _____ Place: _____ Each girl needs - Expenses: \$ _____

Return - Time: _____ Place: _____ Equipment/Clothing: _____

Mode(s) of transportation: _____

Names of accompanying adults/leaders: _____

In case of emergency, the accompanying adult/leader will contact (*name*) _____
at (*phone*) () _____ who will immediately notify the parents.

SIGNATURE AUTHORIZATION _____

Leader's signature: _____ Date: _____

3-IN-1 PARENT PERMISSION (PAGE 2 - LEADERS COPY)

Page one must be completed by the troop leader before parents can complete page two. Parents, please complete and sign this form then return to your daughter's troop leader.

My daughter _____ has permission to participate in:

ACTIVITY #1: _____
(Name of activity)

Parent or guardian's signature: _____ Date: _____

During the activity, I may be reached by phone at () _____ and can be located at (address) _____.

ACTIVITY #2: _____
(Name of activity)

Parent or guardian's signature: _____ Date: _____

During the activity, I may be reached by phone at () _____ and can be located at (address) _____.

ACTIVITY #3: _____
(Name of activity)

Parent or guardian's signature: _____ Date: _____

During the activity, I may be reached by phone at () _____ and can be located at (address) _____.

EMERGENCY BACK UP AND PHYSICIAN INFORMATION

If I cannot be reached in the event of an emergency, then _____ is authorized to act on my behalf.

Relationship to participant: _____ Phone:() _____

Physician's name: _____ Phone:() _____

Additional Remarks: _____

PHOTO RELEASE AUTHORIZATION

I authorize the Girl Scouts of Middle Tennessee to use photographs of my Girl Scout for the purpose of telling a story or promoting the interests of Girl Scouts in our publications and website (*girl's last names are not used on the website*). Yes No

Parent/guardian's signature: _____ Date: _____