

Please note that every time a troop meets at a location different from the regular troop meeting place, leaders must have a signed permission form from each Girl Scout's adult in charge. Please make sure you have a copy of the Health History form with you at all times.

Part I: To be completed by the troop leader.

Troop Number _____ Activity _____

Date _____ Time _____ Phone (_____) _____

Location _____

Arrangements for Transportation

Time and Place of Departure _____

Time and Place of Return _____

Mode of Transportation _____

Names of Accompanying Adults/Leaders

Each Girl Scout will Need

Expenses \$ _____ Equipment and Clothing _____

Additional Remarks

Part II: To be completed by the parent/guardian, removed, and returned to the troop leader. Please keep top portion for your information.

My Girl Scout _____ has permission to participate in _____.

During the activity, I may be reached at

Address (Street, Apt. #) _____ City _____ State _____ Zip _____

Phone: (_____) _____

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

Relationship to participant _____ Phone (_____) _____

Physicians name _____ Phone (_____) _____

Additional Remarks _____

Yes **No** I authorize 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 publications and on the website (minors' last names are not used on the website).

Parent/Guardian Signature _____ Date _____