

Girl Scouts of Western Ohio

Permission Slip

Must be completed ANYTIME your troop goes ANYWHERE away from their usual meeting place.

Return the bottom portion of this form to Leader by (date): _____

Troop #: _____ is planning a: _____

Date(s): _____ Time: _____

Location: _____ Phone: _____

Mode of Transportation: _____

Place of Departure: _____ Time: _____

Place of Return: _____ Time: _____

Adults Accompanying the Leader:

Name: _____ Phone: _____

Name: _____ Phone: _____

Each Girl Will Need:

Expenses \$: _____ Equipment: _____

Contact In Case Of Emergency:

Name: _____ Phone: _____



Cincinnati	Dayton	Lima	Toledo
513-489-1025	937-275-7601	419-225-4085	419-243-8216
800-537-6241	800-233-4845	800-962-7753	800-860-4516
www.girlscoutsofwesternohio.org			



✂ -----

My daughter, (name): _____

Has my permission to attend: _____

She is in good physical health and does not have any serious illness or has not recently had an operation. Her updated health form is in the leader's possession or is being returned with this form with information updated (as needed) and signed on the back.

During the activity, I may be reached at:

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

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

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

I understand that my child will not be released to any person other than the above named or myself. I understand that, for my daughter's protection, all persons will be asked for identification. Persons named above should be prepared to provide identification to the satisfaction of the leaders in charge (i.e. current driver's license with photo identification).

Parent/Guardian Signature: _____ Date: _____