



Girl Scouts of Southern Illinois
Parent Permission Form

Troop # \_\_\_\_\_ is planning a \_\_\_\_\_
on (date) \_\_\_\_\_ (time) \_\_\_\_\_
at (location) \_\_\_\_\_ Phone # \_\_\_\_\_

Arrangements for transportation: Mode of transportation \_\_\_\_\_
Time and place of departure \_\_\_\_\_
Schedule to be followed \_\_\_\_\_
Time and place of return \_\_\_\_\_

Leaders accompanying the girls:
Name \_\_\_\_\_ Name \_\_\_\_\_

Each girl will need \_\_\_\_\_

Expenses \_\_\_\_\_

Other equipment and clothing \_\_\_\_\_

In case of emergency, the leader will notify \_\_\_\_\_ Phone # \_\_\_\_\_
who will immediately notify the parents.

Leader's Signature \_\_\_\_\_ Phone # \_\_\_\_\_

Tear off and return to troop leader by \_\_\_\_\_

My daughter \_\_\_\_\_ has permission to participate in \_\_\_\_\_.
She is in good physical condition and has not had any serious illness or operations since her last health
examination. During the activity, I may be reached at (phone #) \_\_\_\_\_,
(address) \_\_\_\_\_.

If I cannot be reached in the event of an emergency, the following person is authorized to act in my behalf:
Name \_\_\_\_\_ Phone # \_\_\_\_\_
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Relationship to participant \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Additional remarks \_\_\_\_\_

If I am asked to be a driver for this event, I verify that I have a valid drivers license, my vehicle is properly
registered, I have at least the state required amount of liability insurance (Illinois \$20,000 bodily injury, \$40,000
each accident and \$15,000 property damage), and my vehicle is equipped with a first aid kit and other state
required safety equipment and is in good working order. [ ] Yes [ ] No
If no, please explain: \_\_\_\_\_

I [ ] have [ ] have not provided an appropriate child passenger restraint system for use in
transporting my daughter who is under the age of 8. (Not applicable for girls age 8 and over.)

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_