

Girl Scouts Heart of New Jersey Troop Permission Slip

Troop Leaders: Save this document to your computer, complete the top portion, **save** and e-mail to your troop parents/guardians for completion.

5-digit Troop Number: _____ **Activity/Trip/Event:** _____

Location: _____ **Address:** _____

Date(s): _____ **Time:** _____ **to** _____

Departure Information

Date: _____ **Time:** _____

Address: _____

Return Information

Date: _____ **Time:** _____

Address: _____

Cost of Activity: \$ _____ **for:** _____

The amount above must be turned in with permission slip by (date): _____

Emergency Information

In case of an emergency, the adults in charge will contact: (name) _____

via phone number: _____ **who will immediately notify the parents.**

Parents/Guardians: Save this document to your computer, complete the bottom portion including the E-signature, save and e-mail back to your troop leader.

My daughter _____ has my permission to participate in the aforementioned activity on _____
(date). She is physically capable of participating fully in this activity. A current Girl Health History Form is on file with the troop leader.

During the activity, I may be reached via (phone number): _____

If I cannot be reached in the event of an emergency, please contact:

Name: _____ **Phone Number:** _____

Relationship to girl: _____

In the event of an accident, serious illness, or emergency, the troop leader or adult responsible for the troop has my authorization to secure medical attention for my child as deemed necessary.

Parent/Guardian Signature

Date

By checking the box and typing your name, you are electronically signing this form and are confirming that you have read the activity details. You hereby give permission to the girl named above to participate in said activity.