



Girl Scouts®

Girl Scouts of Western New York

PARENT/GUARDIAN PERMISSION FORM

Return this page to group leader

My daughter, _____

has permission to participate in _____

She can participate with reasonable accommodations.

Yes No

Please describe: _____

During the activity, I (we) can be reached at:

Address: _____ Telephone number: _____

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

Name: _____

Address: _____ Telephone number: _____

Relationship to participant: _____

Physician's name: _____ Telephone number: _____

Additional remarks: _____

Parent or guardian's signature _____ Date: _____
(must be signed)