



Girl Scouts of Western New York, Inc.
 3332 Walden Ave Suite 106 * Depew, NY 14043
 PHONE: (716) 837 6400 FAX: (716) 706 1359
 www.gswny.org

**PARENT/GUARDIAN PERMISSION FORM
 FOR SPECIAL TROOP/GROUP ACTIVITY**
(Retain top for your reference)

Activity _____
 Place _____ Date(s) _____
 Leaving from _____ at _____ o'clock
 Returning to _____ at _____ o'clock
 Transportation: (check one) car school bus charter bus other
 Leader in charge _____ and _____
 In case of emergency, the Leader will call: Cell phone _____
 Name _____ Phone No. _____
 Address _____, who will get in touch with parents.
 Cost per girl is \$ _____ to be paid by (date) _____
 (Any other remarks, use the reverse side.)

Signature _____ of Troop/Group Leader

Tear off and return to Troop/Group Leader

The following form must be signed by you, to assure the Leader that you are aware of the troop/group plans for the day and that your daughter is participating with your full knowledge and consent. Without it, the Leader cannot permit your daughter to accompany the troop/group.

I have read the information, and have given my daughter
 (full name) _____ permission to attend
 (place) _____ with
 Troop/Group No. _____ on date(s) _____ transportation by _____
 and to take part in the activities on that date. I will make sure that she does not attend if she is not feeling well and will inform you of my decision. If you need to call me in the event of an emergency, I can be reached at:
 Phone No. _____ or call _____
 (Any other remarks, use the reverse side.)

Printed Parent or Guardian Name

Signature of Parent or Guardian/ Date



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