



**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

(#350-TR-SLP)



**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

(#350-TR-SLP)