



Girl Scouts of Nassau County, Inc.
110 Ring Road West
Garden City, NY 11530-3296
T 516.741.2550 F 516.741.2207
www.gsnc.org

PERMISSION FORM

Instructions to Parent/Guardian:

1. Retain top portion of this form for your information.
2. Complete lower portion, sign and return to Leader by _____(date).
3. If permission is for a high risk activity or a trip over 2 nights/3 days, a health examination by a licensed physician is required.
4. Medication may not be administered without providing the medication **and** written permission.

PARENT/GUARDIAN COPY

Troop # _____ is planning (type of activity) _____

Date _____ Time _____

Location (place) _____ (address/town) _____

Time and place of: Departure _____ Return _____

Means of Transportation (If other than private car, fill in name of bus company, airline, etc.) _____

The Girl Scout will need to bring: _____

Cost of activity: Total Cost Per Person	\$ _____
Troop Treasury will pay	\$ _____
Girl Scout will pay	\$ _____ due to leader by _____

In case of emergency, the following person will know how to reach us:

Name _____ Telephone _____

Adult in charge of the activity: _____

RETURN THIS PART TO TROOP LEADER

I give permission for (Girl's Name) _____

to participate in (activity) _____ (date) _____

I shall allow her to attend only if she is in good physical condition at the time of her departure. I shall be responsible for meeting her on time at the place of return.

Please see that my child receives the medication(s) _____

In the following dosage _____ **frequency** _____

For (condition(s)) _____

In case of illness or injury, the adult in charge will make every effort to contact me, or the emergency adult listed below. **If I cannot be reached**, you have my permission to take my child to a doctor or hospital by whatever means of transportation is available. I hereby authorize the doctor or hospital to administer whatever emergency medical treatment is, in the opinion of the doctor, needed.

Please print name and telephone number:

Parent/Guardian _____ Telephone _____

Emergency Adult _____ Telephone _____

Child's Physician _____ Telephone _____

Parent/Guardian Signature _____ Date _____