



**PARENT PERMISSION FORM**

For a Troop/Group activity away from the usual meeting place (field trips, hikes, camping, etc.)

Girl Scouts of Moingona Council: 10715 Hickman Road, Des Moines, IA 50322  
Phone: 515-278-2881 or 800-342-8389, Fax: 515-278-5988, mgsc1@aol.com

Ames-Gilbert Girl Scout Service Unit: <http://girlscouts.amesweb.com/>

Troop #: \_\_\_\_\_ is planning a \_\_\_\_\_ to \_\_\_\_\_ date: \_\_\_\_\_

**Transportation**

- Time and place of departure: \_\_\_\_\_
- Time and place of return: \_\_\_\_\_
- Mode of transportation: \_\_\_\_\_

**Requirements:**

- The cost per girl will be \_\_\_\_\_ for \_\_\_\_\_
- Each girl will need (list of necessary equipment/clothes): \_\_\_\_\_

**Supervision:**

- The leaders in charge will be \_\_\_\_\_ and \_\_\_\_\_
- In case of emergency, the leaders should notify (name & phone#): \_\_\_\_\_

**Leader signature:** \_\_\_\_\_ and phone number \_\_\_\_\_

"Girl Scouts of Moingona Council are committed to the education, acceptance, and appreciation of its diverse membership and assures that all have equal opportunities in the Girl Scout Program"

**Return bottom portion only to Troop/Group Leader**

My daughter \_\_\_\_\_ has permission to participate in \_\_\_\_\_  
on \_\_\_\_\_. I understand that the cost will be \_\_\_\_\_

She is in good physical condition and has not had any serious illness or operation since her last health exam. I shall make sure that she does not attend if she is not feeling well and will also inform you should that be the case.

Please provide any information about disabilities, medication, and/or special health situations:

During the activity, I can be reached at \_\_\_\_\_, phone: \_\_\_\_\_

Physician's name & phone number: \_\_\_\_\_

Where immediate care is necessary the leader in charge, \_\_\_\_\_ has permission to seek medical attention.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Parent or Guardian)