

ACTIVITY PERMISSION FORM

Troop # _____ Activity (Include destination) _____ Return Deadline _____

Will Meet _____

Date

Time

Place

Will Return _____

Date

Time

Place

Your daughter/ward should bring _____

Your daughter/ward should wear _____

Adults accompanying _____

Please sign and return the consent form below. If a child or an accompanying adult requires any special accommodation to participate in this program, it must be noted on the parent/guardian permission slip. If your child/ward has any health condition that should be watched, please advise. If there is any undue delay in getting home, you will be notified.

My daughter/ward _____ has permission to go with Troop # _____

on (Date) _____. She is in good physical condition and has not been exposed to any contagious disease in the past two weeks.

Custodial Parent/Guardian Name / Phone / Phone where I can be reached during this activity OR Person authorized to act in my (our) behalf if I cannot be reached

Special Accommodations required _____
(To be completed by parent/guardian only)

Parent/Guardian Signature

Date Signed



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