

(TO BE FILLED OUT BY EACH GIRL)

TROOP NO. _____ SAN FRANCISCO BAY GIRL SCOUT COUNCIL,
IS PLANNING AN ADVENTURE.

Place: _____ Date: _____
Leaving from: _____ Time: _____
Returning to: _____ Time: _____
The cost for each girl \$ _____ this includes: _____
We have voted to pay from our troop treasury for each girl \$ _____
I will need to bring \$ _____ and equipment _____
_____ Leader in charge _____
Home Phone _____ Cell _____ Emergency contact at home
will be _____ Home _____ Cell _____

May I please have your permission to go?

Signed by Girl Scout: _____

*******(Parent Should Fill Out Below, and Return Lower Portion)*******

To: _____, Leader of Troop # _____
My daughter, _____, has permission to go to,
_____ On (date) _____
I understand the cost to my daughter will be \$ _____

We hereby give permission for our daughter _____
to receive emergency medical or surgical treatment and to be hospitalized if necessary. It
is understood that every attempt will be made to contact me, or a person below before
taking this action.

Signed by Parent or Guardian: _____

Address: _____

Phone # _____, or, incase of emergency,
please call _____

Address: _____

Phone # _____