



MULTI-ACTIVITY PARENTAL CONSENT

Girl Scouts
 P.O. Box 15969 (1936 Dayton Boulevard) • Chattanooga, TN 37415-0969
 T 423 877 2688 800 446 2472 • F 423 877 5587
 www.mbgsc.org

PLEASE FILL IN INFORMATION REQUESTED BELOW

Name (first, middle, last) _____ GSUSA ID No. _____

Mailing Address _____ City _____ State _____ Zip Code _____

School Name _____ School Grade _____ Birthdate (mo., day, yr.) _____
 () () () / /

Home Telephone _____ Date of last health examination _____

Note any health conditions which might limit your daughter's participation in activities.

About yourself. (Fill in address and telephone if different from your daughter's)

Father's Name (first, middle initial, last) _____ Employer _____ Occupation _____

Mailing Address _____ City _____ State _____ Zip Code _____

Business Telephone _____ Home Telephone _____
 () () () ()

Mother's Name (first, middle initial, last) _____ Employer _____ Occupation _____

Mailing Address _____ City _____ State _____ Zip Code _____

Business Telephone _____ Home Telephone _____
 () () () ()

Your Consent

Signature of Parent or Guardian _____ Date _____

Signature of Parent or Guardian _____ Date _____

Troop Number _____ is planning special activities away from the regular troop meeting place. In order for your daughter to attend, the back of this permission form must be signed and returned to the troop leader *each time* these special activities are planned.

"I _____ give my permission for my child to participate in the activity listed on this form. I have been given the opportunity to ask questions about the activities involved in this event. I recognize that accidents do occur and that certain risks and dangers exist in all activities."

In order for your daughter to attend, please make sure that she is in good physical condition and that no serious illness or operations have occurred since her last health/physical examination.

Please note in the space below changes that occur throughout the year.

Date _____

Date _____

This form is for the entire year. Please see that it is always returned to the troop leader. Thank you.

Troop Leader _____

Address _____ Telephone _____



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ACTIVITY	DATE	DEPART. TIME	ARRIVAL TIME	COST	ADDITIONAL EQUIPMENT NEEDED	APPROVAL TO FILM/ PHOTOGRAPH	EMERGENCY CONTACT NAME/PHONE (TO BE FILLED IN BY PARENT)	PARENT/GUARDIAN SIGNATURE
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								

MUST BE SIGNED FOR EACH ACTIVITY