



PERMISSION FOR SPECIAL ACTIVITIES FORM

Girl Scouts of Silver Sage Council
1410 Etheridge Lane
Boise, ID 83704
(208) 377-2011 or (800) 846-0079
FAX (208) 377-0504
www.girlscouts-ssc.org

Activity Information (Parent/Guardian—keep this portion of form)

Troop # _____ SU # _____ Leader's Name _____

Describe Activity (activity away from normal meeting place, field trip, etc.) _____

Location _____
Name of Facility, if any _____ City _____

Cost \$ _____ Includes _____

Bring _____

Date of Activity _____

Time and place of departure _____

Time and place of return _____

Mode of transportation _____

Adult in charge _____
Name _____ Position _____ Phone _____

Other adults accompanying the girls (attach additional sheet if necessary):

Authorization (Parent/Guardian—complete, sign and return this portion to the Troop Leader)

My daughter/ward _____

has permission to participate in _____

During the activity, I may be reached at:
Phone Number: Home _____ Work _____ Cell _____

If I (we) cannot be reached in the event of an emergency, the following person is authorized to act in my (our) behalf:

Name _____ Relationship to Participant _____

Address _____
Street _____ City _____ State _____ Zip _____

Phone Number: Home _____ Work _____ Cell _____

Physician's Name _____ Phone Number _____

Signature of Parent/Guardian _____ Date _____