



Girl Scouts.

GIRL SCOUTS OF SAN GORGONIO COUNCIL
PARENT'S PERMISSION FOR GIRL SCOUT OUTING

Troop/Group # \_\_\_\_\_ is planning a \_\_\_\_\_

Where \_\_\_\_\_ Date \_\_\_\_\_

Leaders accompanying the girls :

Name \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

Arrangements for transportation:

Time and place of departure \_\_\_\_\_

Time and place of return \_\_\_\_\_

Mode of transportation \_\_\_\_\_

The cost for each girl will be \$ \_\_\_\_\_ Fees will be paid by: [ ] Troop Funds [ ] Parents/Guardian

Each girl will need:

Necessary clothing/equipment to bring \_\_\_\_\_

In case of an emergency, the leader will notify:

Name \_\_\_\_\_ Phone number(\_\_\_\_) \_\_\_\_\_

who will immediately notify the parents/guardians.

Leader's signature

Phone number

(Retain top part for your information)

(Cut off and return to leader)

My daughter \_\_\_\_\_ has permission to participate in \_\_\_\_\_

\_\_\_\_\_ with troop/group# \_\_\_\_\_

She can participate with reasonable accommodations. Yes \_\_\_\_\_ No \_\_\_\_\_

Please describe. \_\_\_\_\_

During the activity, I may be reached at:

Address \_\_\_\_\_ Phone number(\_\_\_\_) \_\_\_\_\_

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

Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship to participant \_\_\_\_\_ Phone number(\_\_\_\_) \_\_\_\_\_

Physician's name \_\_\_\_\_ Phone number(\_\_\_\_) \_\_\_\_\_

Health Ins. \_\_\_\_\_ Policy # \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_



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GIRL SCOUTS OF SAN GORGONIO COUNCIL
Formulario de Autorizacion para Girl Scouting

No. de Tropa/Grupo \_\_\_\_\_ esta planeando un (a) \_\_\_\_\_

Lugar \_\_\_\_\_ Fecha \_\_\_\_\_

Lideres que acompañan a las niñas:

Nombre \_\_\_\_\_ Telefono ( ) \_\_\_\_\_

Nombre \_\_\_\_\_ Telefono ( ) \_\_\_\_\_

Arreglos para Transportacion:

Hora y lugar de Salida \_\_\_\_\_

Hora y lugar de Regreso \_\_\_\_\_

Medio de Transporte \_\_\_\_\_

El costo de cada niña sera \$ \_\_\_\_\_ La cuota sera pagada por: [ ] Fondos de la tropa [ ] Padres/Tutores

Cada nina necesitara:

Ropa/equipo necesario para traer \_\_\_\_\_

En caso emergencia, la lider notificara a :

Nombre \_\_\_\_\_ Telefono ( ) \_\_\_\_\_

Quien avisara inmediatamente a los padres/tutores.

Firma de la lider

Telefono

(guarde la parte posterior para su informacion)

(Corte y regresar a la lider)

Mi hija \_\_\_\_\_ tiene permiso de participar en \_\_\_\_\_

\_\_\_\_\_ con la tropa/grupo# \_\_\_\_\_

Ella puede participar con alojamientos razonables. Si \_\_\_\_\_ No \_\_\_\_\_

Por favor describa \_\_\_\_\_

Durante las actividades, puedo ser localizado en:

Direccion \_\_\_\_\_ Telefono ( ) \_\_\_\_\_

Si yo (nosotros) no podemos ser localizados en una emergencia, la siguiente persona esta autorizada para actuar de mi (nuestra) parte:

Nombre \_\_\_\_\_

Direccion \_\_\_\_\_

Relacion con la participante \_\_\_\_\_ Telefono ( ) \_\_\_\_\_

Nombre del Medico \_\_\_\_\_ Telefono ( ) \_\_\_\_\_

Seguro Medico. \_\_\_\_\_ No. de Poliza \_\_\_\_\_

Firma del Padre/Tutor \_\_\_\_\_ Fecha \_\_\_\_\_

