



Worcester Service Center:  
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### Parent/Guardian Permission for Activity/Travel

Troop/Group #: \_\_\_\_\_

Activity: \_\_\_\_\_

Date of Activity: \_\_\_\_\_

Activity Location: \_\_\_\_\_

Leaving from: \_\_\_\_\_

Time: \_\_\_\_\_

Returning to: \_\_\_\_\_

Time: \_\_\_\_\_

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

Cost for each girl is: \$ \_\_\_\_\_

Each girl should bring (e.g. equipment, clothing, and spending money):

\_\_\_\_\_  
\_\_\_\_\_

**In case of emergency, the leader will contact the person listed below, who will then notify the parent.**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Troop Leader's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**Parent/Guardian Keeps This Portion**



**Return Bottom Half to Troop Leader**

My child \_\_\_\_\_ has  
*Child's Name*

permission to attend \_\_\_\_\_ on \_\_\_\_\_  
*Activity Activity Date*

Remarks: \_\_\_\_\_  
\_\_\_\_\_

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

In the event I cannot be reached in an emergency, I hereby give permission to the physician, hospital, or medical service selected by the leader(s) to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child as named above. It is understood that a conscientious effort will be made to locate me or the emergency contact listed before any action is taken.

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_