



Girl Scouts of Central and Western Massachusetts, Inc.

413-584-2602 or 508-365-0115 Fax : 413-536-1383 www.gscwm.org

Worcester Leadership Center
115 Century Drive
Worcester MA, 01606

Holyoke Leadership Center
301 Kelly Way
Holyoke MA, 01040

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: _____