

GIRL SCOUTS OF THE JERSEY SHORE

PARENTAL PERMISSION SLIP

My daughter _____

has permission to participate in the following activity

(Date and Location of Activity)

Date of her last tetanus shot _____. She is allergic to:

I have noted her physical limitations on the back of this form.

During the activity, I may be reached at:

Address: _____

Home Phone # _____

Cell Phone # _____

If I cannot be reached in the event of an emergency, the following

Person is authorized to act on my behalf:

Name and
Address _____

Relation to participant _____

Telephone # _____

Parent/Guardian Name _____

Parent / Guardian Signature

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