

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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