

**GIRL SCOUTS OF THE JERSEY SHORE  
PARENTAL PERMISSION SLIP**

My daughter/dependent \_\_\_\_\_  
has permission to travel to attend and participate in the following troop/group or council-  
sponsored activity.

\_\_\_\_\_ **Troop Meetings**

Present- June 30, 202\_\_

\_\_\_\_\_ **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 \_\_\_\_\_

Address \_\_\_\_\_

Relation to participant \_\_\_\_\_

Telephone Number \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Parent / Guardian Signature \_\_\_\_\_