Girl Scouts of Southeast Florida

Jupiter Service Center 1224 West Indiantown Road Jupiter, FL 33458 561-427-0177 www.gssef.org



Oakland Park Service Center 4701 NW 33rd Ave. Oakland Park, FL 33309 954-739-7660

www.gssef.org

Troop is planning a				
Date	IIMe	TimePhone Number		
Location		FIIOHE I	Number	
Arrangements for transportation:				
Mode of transportation (i.e. van,	car, train, etc.)			
Time and place of departure	, , ,			
Time and place of return				
Leader(s) Accompanying the Girls:				
Name(s)				
Each girl will need:				
Money Needed				
Equipment and clothing				
In case of emergency, the Leader v	vill notify	Di	hono Numbor	
who will immediately notify the parent		FI	none number	
who will infinediately notify the parent	guardians.			
Leader's signature		Leader's Phone N	 umber	
3				
×				
Places complete and return this no	artion to the treen leader	by data:		
Please complete and return this po	rtion to the troop leader	by date		
My daughter,	, has	permission to partic	cipate in	
She is in good physical condition and	has not had any serious i	llness or operation s	since her last health examinati	on.
During the activity, I may be reached	at (address)		(phone number)	·
If I cannot be reached in the event of	an emergency, the followi	ng person is authori	ized to act in my behalf.	
Name	Polation to participant		Homo Phono	
Address	City	State 7in	Cell Phone	
Physician's name and phone number	Oity	Oldio Zip _	Cell i floric	
Additional remarks				
Girl Behavioral Agreement: I agree	to take responsibility for a	my actions, and to u	uphold the Girl Scout promise	and I aw when I
participate in Girl Scout Activities. If				
measures may be taken.	The first are up to the u	g. 5 5	and that I may be continued	, and add
Girl's Signature			Pate	_
Parent/Guardian: I give permission	for my daughter to partic	cipate. Further I ha	ave discussed this agreement	t with her and I
understand that if she does not live up				
Parent/Guardian Signature		D	Date	