girl scouts of southern appalachians	Troop # is planning special activities away from the regular troop meeting location.							
	Questions about these activities should be directed	at () Troop volunteer phone number						
Girl's first and last name	///////		()Parent/guardian alternate phone number					
Parent/guardian first and last name(s	s) Mailing Address	City, State	Zip Code					
certain risks and dang	(your name) give my permission rity listed on this form. I have been given the opportunit ers exist in all activities. I recognize that for my daughte alth history form filled out for her. If reasonable accomn	r to attend, she must be in good physica	I recognize that accidents do occur, and that al condition and her troop volunteers must					

						MUST be Signed for EACH Activity	
Activity & location	Date of Activity	Departure Time and place	Arrival Time and place	Mode of Transport	Initial to give approval to photograph or film child.	If I cannot be reached, the following person can act on my behalf. (Emergency Contact name and phone)	I give my permission for the child listed on this page to participate in the activity. (Parent/Guardian signature)