

#	Cost	Additional Information	Name
			Address
			City Zip
			Home telephone number
			Parent/guardian's business telephone
			Emergency contact (if parent/guardian cannot be reached):
			Name
			Address
			Relationship Phone #
			Physician's name & phone number:
			Troop # Leader's name
			<p style="text-align: center;">Girl Scouts of Minnesota and Wisconsin Lakes and Pines</p> <p style="text-align: center;">Parent/Guardian Permission Folder</p> <p>I understand that a Girl Scout must have her parent's/guardian's permission to participate in Girl Scout activities away from her usual meeting place. I authorize the leader to obtain medical care for my daughter in case of illness or accident, at the closest facility. I also give permission for the council to use, for promotional purposes, any photograph in which she appears. This permanent permission folder will be sent to me prior to each such event and must be returned to the leader in each instance. This record remains with the leader at all times. My parent/guardian signature indicates such permission is given for the event indicated.</p>

