



GIRL SCOUTS

Girl Scout Council of Greater New York, Inc.

43 West 23rd Street

New York, N.Y. 10010-4283

Phone: (212) 645-4000 Ext. 337 Fax: (212)645-4599

Jlynch@girlscoutsnyc.org www.girlscoutsnyc.org

Girl Scout Scholars Program

PLEASE RETURN FORM TO JEAN LYNCH

Parent Permission Form

Please print all information. Thank you!

Girl Name: _____

Day Phone: _____ Cell Phone: _____

Address: _____

CIT TRAINING AT THE GIRLS SCOUT COUNCIL OF GREATER NEW YORK
43 WEST 23RD STREET
NEW YORK, NY 10010

Name of Event _____
Time and date _____

Staff: Jean Lynch
43 W. 23rd Street
212 645-4000 Ext. 226
Cell: 917-679-8240

In Case of Emergency
Call 212 206-2467

Please print all information! Sign, tear off, and return to Bus Chaperone by: _____

My daughter (print name) _____ has permission to participate in CIT training/event at the Girls Scout Council of New York . She is in good physical condition and not had any serious illness or operation since her last health exam. She may participate in all planned activities.

I will pick up my daughter up on return. My daughter may travel home alone at end of trip

IN CASE OF EMERGENCY, I CAN BE REACHED AT:

Address: _____ Day Phone #: () _____ Evening # () _____

If I cannot be reached, the following person is authorized to act in my behalf:

Name: _____ Address: _____

Telephone # () _____ Relationship to participant _____

In the event the contact person or I cannot be reached, the Girl Scout Council is authorized to act on my behalf:

Physical's name: _____ Telephone: () _____

Parents (s) Guardian (s) Signature: _____