



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

www.girlscoutsnyc.org

Camp Bus Stop Dismissal Parent Permission Form

Please print all information. Thank you!

Girl Name: _____

Day Phone: _____ Cell Phone: _____

Address: _____

It is very important that parents/guardians arrive on time to pick up his/her daughter.

In case of emergency, the Bus Chaperone will notify the Girl Scouts Staff who will immediately notify the parents.

Staff: Jean Lynch
43 West. 23rd Street
212 645-4000 Ext. 226

In Case of Emergency
Call 646-963-4073

Please bring to the bus and hand to the bus chaperone

My daughter (print name) _____ has permission to participate in the Camp Kaufmann. 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.

My daughter will be picked up by _____ upon her return from Camp Kaufmann. The ID of the person will be checked. Unless you notify us in writing of a change your daughter cannot be picked by anyone else.

My daughter may travel home alone upon her return from Camp Kaufmann

IN CASE OF EMERGENCY, I CAN BE REACHED AT:

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

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 Chaperone is authorized to act in my behalf:

Physical's name: _____ Telephone: () _____

Parents (s) Guardian (s) Signature: _____