



GIRL SCOUTS OF MICHIGAN CAPITAL COUNCIL, INC.
1974 CEDAR STREET
HOLT, MI 48842
517-699-9400 1-800-968-9421

GIRL RELEASE PERMISSION FORM

Girl's Name: _____ Troop # _____

I authorize the following person(s) to pick up my daughter from her troop meeting. (Please include your own name on the list if you will be the responsible person). All changes to this must be made in writing.

1) Name: _____ Relationship _____

Day Phone: _____ Evening Phone _____

2) Name: _____ Relationship _____

Day Phone: _____ Evening Phone _____

3) Name: _____ Relationship _____

Day Phone: _____ Evening Phone _____

If there is a person(s) to whom your child should not be released, please list that person's name(s) below:

1) Name: _____ Relationship: _____

2) Name: _____ Relationship: _____

Signature of Parent/Guardian: _____ Date _____