

PARENT PERMISSION TRIP/CAMP ACTIVITY

| | | | | | |
|---------------|--|---------------|--|--------------|--|
| Group/Troop # | | Is planning a | | Date | |
| Date & Time | | Location | | Phone Number | |

Arrangements for transportation:

| | |
|-----------------------------|--|
| Type of transportation | |
| Time and place of departure | |
| Time and place of return | |

Leaders/Adviser or adults in charge:

| | | | | |
|-------|--|------|--|--------|
| Name | | | | |
| Phone | | Cell | | E-mail |
| Name | | | | |
| Phone | | Cell | | E-mail |

Each girl will need: (Troop campers, see back of page)

| | |
|------------------------------|--|
| Expenses | |
| Other equipment and clothing | |

In case of an emergency, the leader/adviser will notify

| | | | |
|---------------------------------|--|------------------------------|--|
| Name | | Phone | |
| Name of Who will notify parents | | | |
| Date | | Leader's/Adviser's Signature | |

(Tear off and return to Troop Leader/Adviser)

| | | | |
|--|--|----------------------------------|--|
| My daughter | | has permission to participate in | |
| You have my permission to use my daughter's voice or photo to help tell the public about the Girl Scout activity | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Updated Medical Information and Instructions

| | | | | | |
|--|------------------------------|--|--|-------|--|
| During the activity, I can be reached at | | Phone | | Cell | |
| Address | | | | | |
| After activity, my daughter will be picked up by | | Phone | | Cell | |
| My emergency contact person | <input type="checkbox"/> has | <input type="checkbox"/> does not have my permission to act on my behalf | | | |
| Name | | | | | |
| Address | | | | | |
| Relation to participant | | Phone | | Cell | |
| <i>Original signature required. Please print and sign.</i> | | | | | |
| Parent/Guardian Signature | | | | Date: | |