



Permission Slip

MUST BE COMPLETED AND RETURNED TO LEADER PRIOR TO PARTICIPATION

Troop No.: _____ is planning a _____
Date: _____ Time: _____ to: _____
Location: _____ Phone: _____

Arrangements for Transportation - If transportation is part of the troop trip, drivers must be registered, approved adult volunteers who have completed the volunteer application and background check process.

If not part of the troop trip, indicate "transportation on own" and families are responsible for arranging their own transportation.

Time and Place of Departure: _____
Time and Place of Return: _____
Mode of Transportation: _____

Leaders Accompanying Girls

Name: _____ Name: _____

Each Girl Will Need:

Expenses: _____
Other Equipment and Clothing: _____

In case of emergency, the leader will notify:

_____ who will notify the parents. Phone: _____
Leader's Signature: _____ Phone: _____

.....**Tear Off & Return to Troop/Group Leader, Prior to the Activity**.....
This form will accompany the responsible adult for this approved Girl Scout activity.

My Girl Scout, _____, has permission to participate in _____

- 1. She is in good health and can participate without any accommodations.
- 2. She can participate with reasonable accommodations in respect to health or physical special needs.

List special needs: _____

- 3. During the activity, I may be reached at:
Address: _____ Phone: _____

- 4. If I cannot be reached in the event of an emergency, the following person is authorized to act on my behalf.
Name and Address: _____
Relationship to Participant: _____ Phone: _____
Physician's Name: _____ Phone: _____

Emergency Medical Care Authorization: In the event of an emergency, I give my consent for emergency medical treatment as is deemed necessary. I understand that this authority will be exercised only if reasonable attempts to contact me should fail. I authorize (adults):

_____ or _____
to act on my behalf to select and authorize a physician or a hospital to give emergency care.

- 5. I consent that my Girl Scout may be photographed, videotaped, and/or recorded and the images/recordings may be made public in newspapers, TV, radio, Internet or other media. Yes No

Parent/Guardian Signature: _____ Date: _____

NOTE TO LEADER: A Health History is required for physically demanding activities such as skiing, hiking, horseback riding, etc.