

Group or Troop _____ Trip Leader _____

Event Description _____

Location _____

Date(s) _____ Time _____

Mode of Transportation _____

Time and Place of Departure _____

Time and Place of Return _____

Chaperones (all chaperones must be registered Girl Scouts with cleared background checks)

Name _____ Driver? Yes No Registered/Background Check Yes

Name _____ Driver? Yes No Registered/Background Check Yes

Name _____ Driver? Yes No Registered/Background Check Yes

Name _____ Driver? Yes No Registered/Background Check Yes

Each girl will need to bring _____

Expenses/cost of trip _____

In case of emergency, leader will notify _____

Contact Name

Phone

Trip Leader Signature

Phone

(RETAIN TOP PORTION FOR YOUR INFORMATION)

(TEAR OFF BOTTOM PORTION AND RETURN TO TRIP LEADER)

Girls Name _____

Event Description _____ Location _____

Date(s) _____ Time _____

My daughter has permission to participate in the above trip. She is in good physical condition and has not had any serious illness or operation since her last health exam.

During the activity, I may be reached at _____

Home Phone

Cell Phone

Other Phone

If I cannot be reached in the event of an emergency, the following person may act on my behalf:

Name _____ Address _____ Home Phone _____ Cell Phone _____

Relationship to participant _____

My daughter is taking the following medication:

My daughter has the following allergies:

If necessary, first aid may be given to my daughter or she may be taken to a licensed physician for emergency medical treatment Yes No

(If permission is not given in writing, provide the reason and a signed statement giving release from liability with alternate instructions and attach to this form.)

Girl Scouts of CA's Central Coast has permission to use photographs of my daughter for publicity purposes: Yes No

Printed Name o Parent/ Guardian

Signature of Parent/Guardian

Date