

Specific Event/Trip Permission Form
To be completed and signed by trip leader
and/or parent/guardian.

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 of Parent/Guardian Signature of Parent/Guardian Date