

TROOP ACTIVITY PARENT/GUARDIAN PERMISSION FORM

Troop # _____ is planning a: () day trip () overnight () troop camp () _____

Trip purpose & plans: _____

Location/destination: _____

TRANSPORTATION ARRANGEMENTS

Departure _____
day & date time place

Return _____
day & date time place

Mode of transportation _____

ADULTS ACCOMPANYING THE TROOP

Name _____ Name _____

EACH GIRL WILL NEED:

\$ _____ for _____

Other equipment and clothing _____

IN CASE OF AN EMERGENCY, THE LEADER WILL CONTACT THE FOLLOWING INDIVIDUAL WHO WILL IMMEDIATELY NOTIFY THE PARENTS/GUARDIAN:

Name _____ Phone _____

LEADER SIGNATURE _____ Phone _____

(Tear off and return this portion to the Troop Leader by _____)

DURING THE ACTIVITY, PARENTS/GUARDIAN MAY BE REACHED AT:

Name _____ Phone _____ Address _____

Name _____ Phone _____ Address _____

IF A PARENT/GUARDIAN CANNOT BE REACHED IN THE EVENT OF AN EMERGENCY, THE FOLLOWING PERSON IS AUTHORIZED TO ACT ON CHILD'S BEHALF:

Name _____ Phone _____ Address _____

Relationship to participant _____

Physician's name _____ Phone _____

I hereby give permission to _____ (adult with troop) to secure emergency medical and surgical treatment and routine, nonsurgical medical care for _____, a minor child, while on this event.

My daughter _____, a member of Troop # _____, has permission to participate in a troop trip to _____. I will not allow her to attend if I do not consider her in good physical condition or if she has been recently exposed to any contagious disease. I consent that the videotapes, photographs, motion picture film, and/or electronic images of my daughter, and/or audio recordings made of her voice, may be used by Girl Scouts of Crooked Tree, its assigns or successors, in whatever way they desire.

Additional remarks: _____

Date _____ PARENT/GUARDIAN SIGNATURE _____