



Girl Scouts of Greater Chicago and Northwest Indiana

Parents/Guardians Information Form for Day or Overnight Trip(s)

To be completed by the leader:

Troop # _____ is planning a trip on (date) _____ from (times) _____ to _____.

Location/Destination: _____ Phone # _____

Leader names and cell phone numbers accompanying the girls will be: _____

Mode of transportation: _____ We will meet at/depart from: _____ Time: _____ We will return to: _____ Time: _____

Activities in which girls will be involved: _____

Each girl will need: Expenses: _____ Clothing: _____ Equipment: _____

In case of emergency or delay, the leader will notify: _____

Address: _____ Phone: _____ who will notify parents.

Signature of leader accompanying girls _____ Date _____

* Parents/Guardians: BE SURE YOU HAVE DETACHED THIS HALF OF THE ACTIVITY PERMISSION FORM. IT IS FOR YOUR INFORMATION.



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Activity Permission and Emergency Medical Form

To be completed by parent/guardian:

Trip date: _____ Location: _____ Return this half of the form to the leader no later than (date) _____

Notice that my Girl Scout will NOT participate in the trip listed [] NO, my Girl Scout _____ does NOT have my permission and will not participate in this trip. Parent/Guardian signature _____ Date _____

Permission for participation (complete and sign where indicated) [] YES! My Girl Scout _____ has my permission to participate in the trip indicated above. [] YES! My Girl Scout _____ has my permission to participate in the trip indicated above with the following limitations and/or reasonable accommodations: (Please describe.) Is she taking any medication? If so, please list them below: _____

During the activity, I (we) may be reached at (Phone): _____ (address) _____ Mother/Guardian day #: _____ Father/Guardian day #: _____ Mother/Guardian eve #: _____ Father/Guardian eve #: _____ Family Physician: _____ Phone #: _____ If I (we) cannot be reached in the event of an emergency, the following person is authorized to act in my (our) behalf: Name: _____ Address: _____ Phone #: _____ Relationship: _____

I will permit photographs of my Girl Scout to be taken at this event to be used for publicity by authorization of the designated members of the council. I do herewith authorize the treatment by a qualified and licensed medical doctor of my Girl Scout _____ in the event of a medical emergency which, in the opinion of the attending physician, may endanger her life, cause disfigurement, or physical impairment or undue discomfort if delayed. It is understood that effort shall be made to contact the undersigned prior to rendering treatment, but that any of the treatments will not be withheld if the undersigned cannot be reached.

Parent/Guardian signature _____ Date _____