

Permission Slip



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.**



Girl Scouts of Greater Chicago
and Northwest Indiana

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:

I prefer that photographs of my Girl Scout NOT be taken at this event.

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 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

Clear Form

Print Form