

TROOP # _____ - TRIP INFORMATION AND PERMISSION FORM

PARENT INFORMATION

Type and Location of Trip: _____

Time and place of departure: _____

Time and place of return: _____

Mode of transportation: _____

Cost: _____ Due by _____

What to Bring (Equipment and clothing): _____

Return permission form below by _____ to _____

In case of emergency during the trip, the leader will notify the person below who will notify parents :

Name _____ Phone # _____

PERMISSION FORM

I give full permission for my daughter, _____, to participate in _____ trip on _____. She is in good physical condition and has not had any serious illness or operation since her last health examination.

MEDICAL RELEASE

If your daughter has any allergies or health conditions that might limit or affect her participation in this activity, please list them on the back of this form. Will she have medication with her?

____ Yes ____ No If yes, what type? _____

This medication must be given to the leader for the duration of the trip. All prescription medicine must be labeled with dosage, time, and name (in original container.) Only the leader or First Aider will give medication.

Permission to give: Tylenol Other _____ as a pain reliever.

Name of medical insurance carrier: _____

Policy Number: _____

Primary Care Physician _____ Phone #: _____

During the activity/trip, I may be reached at: Phone #: _____

If I cannot be reached in the event of an emergency, the following person (s) are authorized to act on my behalf:

Name: _____ Phone #: _____

Relationship to participant: _____

If the leader is unable to locate either person designated to be notified in case of emergency, authorities may take such emergency measures as they deem appropriate and shall notify the parent or legal guardian as soon as possible.

PHOTOGRAPH RELEASE

_____ I authorize the Girl Scouts to use photographs, video or audio recordings of my daughter for the purpose of telling the story or promoting the interest of Girl Scouting.

_____ I do not authorize the Girl Scouts to use photographs, video or audio recordings of my daughter .

By using this form, I agree to the terms in the permission slip, medical release, and the photograph release

Parent's Signature: _____ **Date:** _____

RETURN TO LEADER