**Event, Trip, or Activity**

Required for all girls participating Girl Scout sponsored activities other than regularly scheduled meetings.

Troop # _____ is planning

__________________________ (name of trip, event, or other activity)

on ___________________ (day) ____________ (date & year)

Location: ____________________ Phone: ____________________

Mode of transportation: __________________________

**Departure:** ________________

**Return:** ________________

Time: ________________

Place: ________________

**Each girl will need:** Cost of event $________

Equipment and clothing

________________________

Leader’s

Name: ____________________

Phone: ____________________

In case of a serious emergency, will be contacted and then she/he will notify parents.

**Parents keep this portion of form**

Questions: Contact Customer Care at
customeercare@girlscoutshh.org or
1-855-232-GSHH (4744)

---

**Parent Permission Slip**

| Parent Name: ____________________ Phone: ____________________ |
|---|---|
| My daughter ____________________ has permission to participate in ____________________ held on ____________________ (day/date) |

Name of person picking up child: ____________________

**In case of emergency,**

**notify:** ____________________ Phone: ____________________

Relationship to girl: ____________________

In an emergency, when either myself or the person named above cannot be reached, I hereby authorize the adult in charge to take any action believed necessary for the best interest of my daughter, including emergency room treatment.

- Have there been any changes in your daughter’s health or insurance carrier since the Health History form was last filled out?  □ No □ Yes
  - If yes, list on back
- Will medications be administered during event?  □ No □ Yes
  - If yes, write type, dosage, and times on back
- May Tylenol/Advil be given to your child?  No Yes (circle one)
- List allergies: ____________________

**Photo and Website Use Release:** I authorize the use of any pictures taken of my daughter at this event for the purpose of promoting Girl Scouting.

**Parent/Guardian Signature** ____________________

---

**Parent Permission Slip**

| Parent Name: ____________________ Phone: ____________________ |
|---|---|
| My daughter ____________________ has permission to participate in ____________________ held on ____________________ (day/date) |

Name of person picking up child: ____________________

**In case of emergency,**

**notify:** ____________________ Phone: ____________________

Relationship to girl: ____________________

In an emergency, when either myself or the person named above cannot be reached, I hereby authorize the adult in charge to take any action believed necessary for the best interest of my daughter, including emergency room treatment.

- Have there been any changes in your daughter’s health or insurance carrier since the Health History form was last filled out?  □ No □ Yes
  - If yes, list on back
- Will medications be administered during event?  □ No □ Yes
  - If yes, write type, dosage, and times on back
- May Tylenol/Advil be given to your child?  No Yes (circle one)
- List allergies: ____________________

**Photo and Website Use Release:** I authorize the use of any pictures taken of my daughter at this event for the purpose of promoting Girl Scouting.

**Parent/Guardian Signature** ____________________

---

Revised 8/2018