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:
Time _____
Place _____

Return:
Time: _____
Place:_____

Each girl will need: Cost of event $_____
Equipment and clothing

_____

Leader's
Name:_____
Phone: _____

In event 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 customercare@girlscoutshh.org or 1-855-232-GSHH (4744)

Parent Permission Slip

Leader must carry this form on trip

Parent Name: _____ Phone: _____

My daughter _____has permission to participate in _____ held on _____
(name of trip, event, or other activity) (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

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