



Trip or Event Permission Form For Single Activities

Use this form if any trip/event activities require Activity Approval (see www.sdgirlscouts.org/safety), or when parents/guardians decline to provide Annual Permission for Routine Activities and Field Trips.

Part A: To be completed by troop/group leader and kept by parent/guardian

Troop/group # _____ is planning a trip/event to _____ Date(s) _____

Trip/event address (street/city/state/zip): _____

Type of activity: _____

Arrangements for transportation: _____

Time and place of departure: _____

Time and place of return: _____

Name(s) of troop/group leaders accompanying girls: _____

Please pay family portion of \$_____ * (Troop/group will pay \$_____ from troop funds; toward a total per girl cost of \$_____)
Girls may bring spending money up to \$_____. *Financial assistance may be available; consult troop leader.

Equipment and/or clothing each girl will need: _____

In case of unusual circumstances (major delays, etc.), the leader will contact the following person to notify all girls' parents/guardians:

Name _____ Phone (_____) _____

Date form was sent to parent/guardian: _____ Date signed form is due back to troop/group leader _____

Trip/event leader name _____ Phone (_____) _____ Email _____

Part B: To be completed by parent/guardian and returned to troop/group leader

My Girl Scout _____ has permission to participate in _____ on _____
She may receive treatment from a certified first aider, if necessary, while on the trip/event.

During this trip/event I/we may be reached at:			
Parent 1 name	Parent 1 phone (_____) _____	Parent 1 alternate phone (_____) _____	
Parent 2 name	Parent 2 phone (_____) _____	Parent 2 alternate phone (_____) _____	
If I/we cannot be reached in the event of an emergency, the following person is authorized to act on my/our behalf:			
Responsible person name	Relationship to girl	Phone (_____) _____	Alternate phone (_____) _____

- My daughter/dependent is in good health and may engage in all activities: Yes No. If no, list any exceptions: _____
- My daughter/dependent requires the following special accommodations in order to be most successful (write "none" if there are none): _____

In an emergency situation, a care provider (first aider, emergency medical technician, doctor, etc.) may need to know the following information regarding my daughter/dependent's health (allergies, chronic illness, seizures, etc.)

_____ Date of last tetanus shot _____

Sleeping arrangements, if applicable: My daughter/dependent may may not share a bed (designed for more than one person) with another girl. A girl will never share a bed with an unrelated adult.

Permission for emergency medical treatment:

I give my permission for the adult in charge to take my child to a medical facility, if necessary. In case of emergency, if none of the above can be contacted, I consent to treatment for my daughter/dependent under the supervision of, and as deemed advisable by, a physician licensed under the Medicine Practice Act. This provides authority pursuant to Section 25.8 of the California Civil Code.

Signature of parent/guardian _____ Date _____