



## Trip or Event Permission Form For Single Activities

Use this form if any trip/event activities require Activity Approval, 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/Guardian 1 name	Parent/Guardian 1 phone ( )	Parent/Guardian 1 alternate phone ( )	
Parent/Guardian 2 name	Parent/Guardian 2 phone ( )	Parent/Guardian 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 Scout	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, such as a queen- or king-sized bed) with another Girl Scout. A girl will never share a bed with an 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 \_\_\_\_\_