

## Day Trip and Activity Permission Form

Leader fills out top part before passing out form to parent/guardian.

Parent/Guardian: Cut along dotted line and return the bottom part to leader by (date) \_\_\_\_\_, and keep the top part for your records.

Troop/Group \_\_\_\_\_ is planning a \_\_\_\_\_

Activity will include \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ Location Phone \_\_\_\_\_

Location \_\_\_\_\_ Transportation Type \_\_\_\_\_

Time/Place of Departure \_\_\_\_\_

Time/Place of Return \_\_\_\_\_

Cost per girl \_\_\_\_\_ Each girl should bring \_\_\_\_\_

Adults accompanying girls (all adults must be registered/background checked members of Girl Scouts of Texas Oklahoma Plains):

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

In case of delay in returning or an emergency, Leader will notify (name) \_\_\_\_\_

(phone) \_\_\_\_\_ who will then notify parents/guardians.

\_\_\_\_\_  
Leader's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone

.....  
I give my permission for my Girl Scout, \_\_\_\_\_, to attend and participate in all activities related to \_\_\_\_\_ on \_\_\_\_\_.

I understand some risk is inherent in a natural setting and in activities such as archery, horseback riding, swimming, canoeing, and sailing. I also understand safety equipment will be provided (i.e. riding helmets and personal floatation devices) and agree my child will be responsible for wearing protective equipment and following safety rules as instructed. I understand that there may be minimum skill requirements for some activities, and if my child does not meet them, my child will not be allowed to participate in that activity. I will not allow her to attend the event if she becomes exposed to any contagious disease or if, for any reason, I do not consider her in good physical condition.

NOTE: Prescriptions and/or over the counter medications will be administered to a child by or in the presence of the responsible adult and only with written permission from a parent/guardian or physician. Prescriptions and/or over the counter medications should be in the original container, carefully labeled with the child's name and dosage and must be accompanied by written instruction from a parent/guardian or physician. In case of accident or illness, I authorize a representative of Girl Scouts of Texas Oklahoma Plains, Inc. to give consent to a physician and/or hospital for medical and/or surgical treatment. It is understood that every effort will be made to notify me before such action is taken. I understand that Girl Scouts of Texas Oklahoma Plains, inc. may use photographs and/or audio/video of my child in event activities for Girl Scout public relations. I understand the Council cannot be responsible for loss of valuables.

During the activity, I may be reached at \_\_\_\_\_

Phone

Address

City

Contact person to notify in an emergency if custodial parent/legal guardian cannot be reached. This person is authorized to act for me/us:

\_\_\_\_\_  
Name Phone Address City

Who will be picking up your child?

Parent/Guardian Name \_\_\_\_\_ Driver's License # \_\_\_\_\_

Other Adult Name \_\_\_\_\_ Driver's License # \_\_\_\_\_

Relation to Girl Scout: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date