

**DAY TRIP PARENT PERMISSION FORM**

My daughter has my permission to travel with the designated adults to the day trips listed below, also for trip sponsors to seek medical assistance for her if necessary.

- 1. \_\_\_\_\_ Date \_\_\_\_\_
- 2. \_\_\_\_\_ Date \_\_\_\_\_
- 3. \_\_\_\_\_ Date \_\_\_\_\_
- 4. \_\_\_\_\_ Date \_\_\_\_\_
- 5. \_\_\_\_\_ Date \_\_\_\_\_
- 6. \_\_\_\_\_ Date \_\_\_\_\_
- 7. \_\_\_\_\_ Date \_\_\_\_\_
- 8. \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_ Troop# \_\_\_\_\_  
 Physician \_\_\_\_\_ Phone \_\_\_\_\_  
 Emergency contact \_\_\_\_\_  
 Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Written consent of Parent/Guardian is required for every girl wishing to participate in an activity or outing that is held at a different place and time from the regularly scheduled troop meeting.

Leader's Name \_\_\_\_\_  
 Phone \_\_\_\_\_

GSPB/0803

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

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