

# OVERNIGHT TRIP PERMISSION AND INFORMATION FORM

Troop# \_\_\_\_\_ is planning a \_\_\_\_\_

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

Arrangements for Transportation \_\_\_\_\_

Time and Place of Departure \_\_\_\_\_

Time and Place of Return \_\_\_\_\_

Mode of Transportation \_\_\_\_\_

**ADULTS ACCOMPANYING THE GIRLS:**

Name \_\_\_\_\_ Name \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_

**EACH GIRL WILL NEED:**

Expenses: \_\_\_\_\_

Other Equipment and Clothing: \_\_\_\_\_

**ANY CHANGE IN TRAVEL PLANS** will be reported to the "Home Contact Person", \_\_\_\_\_, who will notify the parents.

**LEADER'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

Parents keep top portion



TEAR OFF AND RETURN TO TROOP LEADER

**PARENT/GUARDIAN PERMISSION FORM**

Written consent of Parent/Guardian is required for every girl to participate.

I hereby give permission for my child, \_\_\_\_\_; to attend the \_\_\_\_\_ on \_\_\_\_\_. I will make sure she does not attend if she is not feeling well. In case of an emergency, notify: \_\_\_\_\_ Phone \_\_\_\_\_.

I hereby authorize the doctor, dentist, or such medical agency chosen to render the necessary emergency care, first aid and/or medical treatment or service for the health and welfare of my child. Persons engaged in helping my said child are hereby expressly relieved of any liability for damage which may result from injury incurred while participating in this activity or their good faith efforts to render such necessary emergency care and assistance as may be needed. *I also understand that Girl Scout Activity Insurance through the Council covers \$100.00, then personal insurance takes over.*

Please list any medical conditions, personal situations, medications or allergies we should be aware of:

\_\_\_\_\_  
\_\_\_\_\_

Parents' Remarks \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Phone: \_\_\_\_\_