

Event, Trip, or Activity

Required for all girls participating Girl Scout sponsored activities other than regularly scheduled meetings.

Troop # _____ is planning
_____ (name of trip, event, or other activity)

on _____ (day) _____ (date & year)

Location: _____ Phone: _____

Mode of transportation: _____

Departure: _____ **Return:** _____
Time _____ Time: _____
Place _____ Place: _____

Each girl will need: Cost of event \$ _____
Equipment and clothing _____

Leader's
Name: _____
Phone: _____

In event of a serious emergency, _____
will be contacted and then she/he will notify parents.

Parents keep this portion of form

Girl Scouts Heart of the Hudson, Inc.
Pleasantville 914.747.3080 New City 845.638.0438
Poughkeepsie 845.452.1810
Middletown 845.361.2898

Parent Permission Slip

Leader must carry this form on trip

Parent Name: _____ Phone: _____

My daughter _____ has permission to participate
in _____ held on _____
(name of trip, event, or other activity) (day/date)

Name of person picking up child: _____

In case of emergency,
notify: _____ Phone: _____

Relationship to girl: _____

In an emergency, when either myself or the person named above cannot be reached, I hereby authorize the adult in charge to take any action believed necessary for the best interest of my daughter, including emergency room treatment.

- Have there been any changes in your daughter's health or insurance carrier since the Health History form was last filled out? No Yes
If yes, list on back
- Will medications be administered during event? No Yes
If yes, write type, dosage, and times on back
- May Tylenol/Advil be given to your child? No Yes (circle one)
- List allergies: _____

Photo and Website Use Release: I authorize the use of any pictures taken of my daughter at this event for the purpose of promoting Girl Scouting.

Parent/Guardian Signature _____

Date _____

Revised 7/09

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