



GIRL SCOUTS OF CONNECTICUT

WWW.GSOFCT.ORG 1-800-922-2770

PARENT/GUARDIAN TRIP/EVENT PERMISSION FORM

Part A – To be completed by Troop/Group Leader/Advisor and kept by parent/guardian

Troop/Group # _____ is planning a Trip/Event to _____ Date _____

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/Advisors accompanying girls: _____

Cost of trip/event for girl: \$ _____ Troop/Group \$ _____ = Total cost \$ _____ per person

Cost of trip/event for parent: \$ _____ Troop/Group \$ _____ = Total cost \$ _____ per person

Equipment and/or clothing each girl will need: _____

Equipment and/or clothing each adult will need: _____

Optional: _____

In case of an emergency, the Leader/Advisor will notify: Name _____ Phone _____ who will immediately notify the parents/guardians.

Date form sent to parent/guardian: _____ Date signed form due back to Troop/Group Leader/Advisor: _____

Leader/Advisor Signature: _____

Additional Remarks: _____

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Part B – To be completed by parent/guardian and returned to Troop/Group Leader/Advisor

My Girl Scout _____ has permission to participate in _____ on _____

She may receive treatment from certified First Aiders/CPR, if necessary, while on the trip/event.

Sleeping Arrangements: My Girl Scout may may not share a bed designed for more than one person with another girl. A girl will not share a bed with an unrelated adult.

During this activity, I may be reached at:

Address: _____

Phone: _____ Cell: _____

If I cannot be reached in the event of an emergency, the following person is authorized to act on my behalf:

*Name: _____ Home Phone: _____ Cell Phone: _____

Relationship to participant: _____

***If both are unavailable, the Leader/Advisor or First Aider/CPR is is not authorized to act on my behalf.**

Physician's Name: _____ Phone: _____

Any over-the-counter or prescribed medications should be in the original container and administered by the girl in the prescribed dosage in the presence of the responsible adult as per the written instruction by custodial parent, guardian, or physician.

Medication being taken (specify): _____

(over-the-counter or prescribed)

Special needs/limitations/allergies: _____

Additional remarks: _____

In addition to this form, a completed Girl Health Record signed by the parent/guardian within the current year is required.

Parent/Guardian Signature*: _____ Date: _____

***Original signature required**