

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: _____

✂-----

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 a certified First Aider, 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. It is required that girls sharing a bed use sleeping bags or alternate under-over the linens. 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: _____

Note: If both the parent/guardian and emergency contact are unavailable, the Leader/Advisor or certified First Aider is is not authorized to act on my behalf.

Girl Scouts of Connecticut requires that 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 written instruction by custodial parent, guardian, or physician.

Physician's Name: _____ Phone: _____

Girl Scouts of Connecticut's adult members **are not permitted** to administer medication. This *includes* the administration of an Epi-Pen (epinephrine).

The Over-the-Counter Medication – Parent/Guardian Authorization form must be completed for **each** event/trip participant will be attending where medication may be needed.

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

All Forms can be found in the Resource and Form Library at www.gsofct.org.

Signature of Parent/Guardian: _____ Date: _____
(Original Signature Required)