



GIRL SCOUTS OF CONNECTICUT

www.gsofct.org 1-800-922-2770

PARENT/GUARDIAN TRIP/EVENT PERMISSION FORM

When used with the current 09/2018 Annual Consent and Health History Form, this form is only needed for trips **outside the State of Connecticut**, that **involve an overnight stay**, or are considered **high adventure**.

Part A – To be completed by Troop/Group Co-Leader 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 Co-Leaders 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: _____

In case of an emergency, the co-leader will notify: Name _____ Phone _____ who will immediately notify the parents/guardians.

If applicable, the high adventure waiver was sent home for parents to sign on: _____

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

Co-Leader Signature: _____

Additional Remarks: _____

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

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: 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 Co-Leader or certified First Aider is is not authorized to act on my behalf.

GSOFACT 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. You must have documentation from the girl's parent/guardian that it is acceptable for the girl to self-administer these medications

Physician's Name: _____ Phone: _____

GSOFACT adult members are NOT REQUIRED to administer medication, including the administration of an Epi-Pen.

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.

All Forms can be found at www.gsofct.org under Forms.

If applicable: By initialing here, I confirm that I have signed and returned the high adventure waiver: _____ Date: _____

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