

## 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.

**Girl Scouts Heart of the Hudson, Inc.**  
Pleasantville 914.747.3080 New City 845.638.0438  
Poughkeepsie 845.452.1810 Middletown 845.236.6002  
Kingston 845.790.2326

## Parent Permission Slip

Leader must carry this

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 7/10

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