

# Permission Slip



Girl Scouts of Greater Chicago  
and Northwest Indiana

Parents/Guardians Information Form  
for Day or Overnight Trip(s)

## To be completed by the leader:

Troop # \_\_\_\_\_ is planning a trip on (date) \_\_\_\_\_  
from (times) \_\_\_\_\_ to \_\_\_\_\_.

Location/Destination: \_\_\_\_\_  
Phone # \_\_\_\_\_

Leader names and cell phone numbers accompanying the girls will be:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mode of transportation: \_\_\_\_\_  
We will meet at/depart from: \_\_\_\_\_ Time: \_\_\_\_\_  
We will return to: \_\_\_\_\_ Time: \_\_\_\_\_

Activities in which girls will be involved:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Each girl will need:  
Expenses: \_\_\_\_\_  
Clothing: \_\_\_\_\_  
Equipment: \_\_\_\_\_  
\_\_\_\_\_

In case of emergency or delay, the leader will notify:  
\_\_\_\_\_

Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
who will notify parents.

Signature of leader accompanying girls \_\_\_\_\_ Date \_\_\_\_\_

\* Parents/Guardians: **BE SURE YOU HAVE DETACHED THIS HALF OF THE ACTIVITY PERMISSION FORM. IT IS FOR YOUR INFORMATION.**



Girl Scouts of Greater Chicago  
and Northwest Indiana

Activity Permission and  
Emergency Medical Form

## To be completed by parent/guardian:

Trip date: \_\_\_\_\_ Location: \_\_\_\_\_  
Return this half of the form to the leader no later than (date) \_\_\_\_\_

### Notice that my Girl Scout will NOT participate in the trip listed

NO, my Girl Scout \_\_\_\_\_ does NOT have my  
permission and will not participate in this trip.  
Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

### Permission for participation (complete and sign where indicated)

YES! My Girl Scout \_\_\_\_\_ has my permission  
to participate in the trip indicated above.  
 YES! My Girl Scout \_\_\_\_\_ has my permission  
to participate in the trip indicated above with the following limitations and/or  
reasonable accommodations: (Please describe.)  
Is she taking any medication? If so, please list them below:

\_\_\_\_\_  
\_\_\_\_\_

During the activity, I (we) may be reached at (Phone): \_\_\_\_\_  
(address) \_\_\_\_\_

Mother/Guardian day #: \_\_\_\_\_ Father/Guardian day #: \_\_\_\_\_  
Mother/Guardian eve #: \_\_\_\_\_ Father/Guardian eve #: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

I will permit photographs of my Girl Scout to be taken at this event to be used  
for publicity by authorization of the designated members of the council. I do  
herewith authorize the treatment by a qualified and licensed medical doctor of  
my Girl Scout \_\_\_\_\_ in the event of a medical  
emergency which, in the opinion of the attending physician, may endanger her  
life, cause disfigurement, or physical impairment or undue discomfort if delayed.  
It is understood that effort shall be made to contact the undersigned prior to  
rendering treatment, but that any of the treatments will not be withheld if the  
undersigned cannot be reached.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_