



**Girl Scouts®**  
**Western New York**

**Initial Parent Information/Permission for Trips**

*Leader fills out Section I; parent fills out Section II.*

**Section I:**

Troop # \_\_\_\_\_ Leader Name \_\_\_\_\_ Phone# \_\_\_\_\_

We are going to (proposed destination) \_\_\_\_\_

Date(s) \_\_\_\_\_ to \_\_\_\_\_  
Day/Month/Year Day/Month/Year

Adults in charge	Name _____	Phone # _____
	Name _____	Phone # _____
	Name _____	Phone # _____

Special Equipment needed (camera, backpack, food, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Finance Plans (Attach a copy of troop trip budget planning)**

Cost (per person) \_\_\_\_\_ Not yet determined \_\_\_\_\_

Refund Procedure: \_\_\_\_\_

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

Tear this part off and keep for your records

Return this part to the leader

**Section II:**

**Initial Parent Consent for Troop Trip**

My daughter \_\_\_\_\_ has permission to participate in

\_\_\_\_\_ with troop # \_\_\_\_\_. I agree

to pay \_\_\_\_\_ as decided by the troop. I agree to the refund procedure as stated above.

\_\_\_\_\_  
Girl Signature

\_\_\_\_\_  
Parent/Guardian Signature

## Final Parent Information/Permission for Trips

*This form should always be with the adult supervising the trip.*

Troop # \_\_\_\_\_ Leader Name \_\_\_\_\_ Phone# \_\_\_\_\_

My daughter \_\_\_\_\_ has my permission to participate in \_\_\_\_\_

She has the following condition(s) that may restrict her participation in activities:

[ ] None [ ] Describe \_\_\_\_\_

### Emergency Contact Information

During the activity, I can be reached at:

Name and Address \_\_\_\_\_

Phone# (home) \_\_\_\_\_ Phone# (cell) \_\_\_\_\_

Phone#(work) \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
Time Time

In the event of an emergency, if I can not be reached, the following person is authorized to act in my behalf:

Name and Address \_\_\_\_\_

Relationship to participant \_\_\_\_\_

Phone # (home) \_\_\_\_\_ Phone # (cell) \_\_\_\_\_

Phone # (work) \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
Time Time

And/or

Name and Address \_\_\_\_\_

Relationship to participant \_\_\_\_\_

Phone # (home) \_\_\_\_\_ Phone # (cell) \_\_\_\_\_

Phone # (work) \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
Time Time

Physician Name \_\_\_\_\_ Physician Phone # ( ) \_\_\_\_\_