

## Troop Activity Permission Slip

**This form is required for Overnight/Short/Extended Trips and/or High-Risk Activities**

Troop #: \_\_\_\_\_ Activity Description: \_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_ Phone: \_\_\_\_\_

Mode of Transportation: \_\_\_\_\_

Time and Place of Departure: \_\_\_\_\_

Time and Place of Return: \_\_\_\_\_

Cost: \_\_\_\_\_

Your Girl Scout should bring: \_\_\_\_\_

Adult in charge: \_\_\_\_\_ Phone: \_\_\_\_\_

Troop Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please fill out bottom part of this form and return to the troop leader by:** \_\_\_\_\_



This form will be retained by the troop leader

My Girl Scout \_\_\_\_\_ has permission to participate in \_\_\_\_\_  
on \_\_\_\_\_ (date). To the best of my knowledge, they are in good health and free of illness at this time.

### Parent/Guardian Contact Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Emergency Contact

*In the event of an emergency, the following person is authorized to:*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relation to Girl Scout: \_\_\_\_\_

Parent/Guardian Signature

Date