



of western new york

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