

Individual Activity Permission Form

*To be used when traveling outside the regular meeting place and includes an overnight and/or a specialized activity. If the outing is a day trip with no specialized activities, an **Annual Permission Form** may be used instead.*

Troop/Group# _____ is planning _____

Date: _____ Time _____ Location _____

Description of activity _____

Departure: Time _____ Location _____

Return: Time _____ Location _____

Mode of transportation _____

Leader in charge _____

Each girl should bring _____

Other equipment and clothing _____

RSVP By _____ At home emergency contact is _____ Phone _____

Leader's Signature _____ Email _____ Phone _____

Tear off here, return signed lower portion to troop leader. Keep top half for your records

My daughter _____ has permission to participate in _____

She is in good physical condition: Yes No

Please list any conditions or participation limitations _____

continue on back if needed

During this activity I may be reached at: _____ Phone _____

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

Name and Address _____

Relation to participant _____ Phone _____

Physician's name and phone _____

Allergies: Yes No

Medication(s) sent to event: Yes No

If "yes" to any of the above, please elaborate on the back, bottom half of this form.

Permission to be photographed for Girl Scout use: Yes No

Caregiver Signature _____ Date _____