



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.



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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 \_\_\_\_\_