



Parent Permission for Activities & Overnights

For all troop events or activities taking place outside of normal troop meeting time and place.

Troop # \_\_\_\_\_ is planning to: \_\_\_\_\_

The cost for each girl will be: \$ \_\_\_\_\_

[ ] A day outing/field trip to: \_\_\_\_\_

[ ] An overnight/camping event at: \_\_\_\_\_

On the following date(s): \_\_\_\_\_

The troop will leave from: \_\_\_\_\_ at: \_\_\_\_\_

and return to: \_\_\_\_\_ at: \_\_\_\_\_

Instructions for what to wear/bring: \_\_\_\_\_

The leaders/adults in charge are: \_\_\_\_\_ Phone:( ) \_\_\_\_\_

\_\_\_\_\_ Phone:( ) \_\_\_\_\_

In case of emergency, or change of plans, the troop leader will call you at the number listed below. If you need to contact the group while they are away (for emergencies only), please call: \_\_\_\_\_ at ( ) \_\_\_\_\_ . They will have the troop itinerary and emergency numbers.

Parent/Guardian: please keep this portion for your records.
Please return the bottom portion to the leader by: \_\_\_\_\_
(Return even if girl is not attending)

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Parent Permission Slip

I give permission for (insert full name) \_\_\_\_\_ to attend the group outing to:
\_\_\_\_\_ on (date/s) \_\_\_\_\_. We can be reached by phone at:
\_\_\_\_\_ OR \_\_\_\_\_

I will make sure she does not attend if she is not feeling well, and I will let the leader know as soon as possible.

Allergies or physical limitations are:

I give permission for any emergency medical action which may be needed (including X-rays.) Our family doctor's name is:
\_\_\_\_\_ Phone:( ) \_\_\_\_\_

- Please Check:
[ ] I will drive \*all drivers and chaperones must have a Volunteer Application & Background Check Release on file
Valid driver's license number: \_\_\_\_\_
Current auto insurance carrier: \_\_\_\_\_
[ ] I will chaperone \*all drivers and chaperones must have a Volunteer Application & Background Check Release on file
[ ] Fee for outing enclosed/attached
[ ] My daughter will not attend this group outing (return even if girl is not attending)
[ ] Other: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_ 5/12: white