INDIVIDUAL / FAMILY TRIP PARENT PERMISSION

My Troop No: My Lead	er:	Phone No:
Permission for my participation in (activity)	
At	on Date(s):	Cost:
Departure Time and Place:	Returning T	Time and Place:
Personal or Group Equipment:		
In case of emergency, the Event Coo	ordinator will contact you. Phone	e No
Troop Leader or Event Coordinator:	·	
Certified First Aider:	not needed for this activity	provided at the event
Name of First Aider attending:		Certification expiration checked
		ottom portion to Troop Leader) Troop No
has our permission to participate in	the Girl Scout activity	
On date(s)	at time	at (location)
Adult(s) accompanying my daughter	r will be (if required by leader to	meet Safety Wise Standards):
Address:		
		Phone No.
Address:	s: Relationship to girl	
 No alcohol or smoking is permit Seat belts must be utilized for all Every car must have directions t Every car must have a first aid k If you are a driver please make of 	anywhere without a buddy (adulted II passengers in every vehicle to the location of the event cit certain you have a current driver	t or another girl) s license, insurance, and the car is in good repair.
Signature of Parent/Guardian		Date