



Girl Scouts of California's Central Coast
**Specific Trip
Parent Permission Form**

Group or Troop _____ Trip Leader _____

Event Description _____

Location _____

Date(s) _____ Time _____

Mode of Transportation _____

Time and Place of Departure _____

Time and Place of Return _____

Chaperones (attach separate sheet with additional chaperones):

Name _____ Registered? ☐ Yes ☐ No Driver? ☐ Yes ☐ No

Name _____ Registered? ☐ Yes ☐ No Driver? ☐ Yes ☐ No

Name _____ Registered? ☐ Yes ☐ No Driver? ☐ Yes ☐ No

Name _____ Registered? ☐ Yes ☐ No Driver? ☐ Yes ☐ No

Each girl will need to bring

Expenses/cost of trip Free!

In case of emergency, leader will notify ____ --

Contact Name

Phone

Trip Leader Signature

Phone

(RETAIN TOP PORTION FOR YOUR INFORMATION)

(TEAR OFF BOTTOM PORTION AND RETURN TO TRIP LEADER)

Child's Name _____

Event Description _____

Location _____

Date(s) _____ Time _____

My daughter has permission to participate in the above trip. She is in good physical condition and has not had any serious illness or operation since her last health exam.

During the activity, I may be reached at _____

Home Phone

Cell Phone

Other Phone

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

Name _____ Address _____ Home Phone _____ Cell Phone _____

Relationship to participant _____

My daughter is taking the following medication:

My daughter has the following allergies:

Printed Name of Parent/Guardian _____

Signature of Parent/Guardian _____ Date _____

If necessary, first aid may be given to my daughter or she may be taken to a licensed physician for emergency medical treatment ☐ Yes ☐ No

(If permission is not given in writing, provide the reason and a signed statement giving release from liability with alternate instructions and

Girl Scouts of California's Central Coast has permission to use photographs of my daughter for publicity purposes ☐ Yes ☐ No