

SPECIFIC EVENT PERMISSION SLIP

This form is for keeping track of troop/group money received and money spent. It is important that you keep good records with proper receipts. Parents and Girls Scout personnel have a right to see your records upon request.

Troop/Group # _____ is planning a _____ on _____
at _____ AM/PM to _____ located at _____.

Our mode of transportation will be _____ departing from _____
at _____ AM/PM and returning to _____ at _____ AM/PM. The leaders and/or adults
accompanying the girls will be, _____.

The cost for each girl/adult will be \$ _____ which will be used for _____.
Each girl/adult will need (equipment and/or clothing) for which she is responsible. (see attached)

In case of emergency, the leader will contact _____ at ____ who will notify parents.

☐ This event will or may involve unusual risk.

Leader's Signature _____

Date _____

_____ is my/our daughter or a child in my/our legal custody. I/we have previously
executed a "General Permission Slip" for her participation in activities of or sponsored by the GIRL SCOUTS-ARIZONA CACTUS-PINE
COUNCIL, INC. I/we adopt and incorporate the consents and information therein into this Specific Event Permission Slip, with the
following changes or corrections. If there are none write "None", but be sure to fill in updating information such as a change of address
or phone number, the persons to contact in an emergency, more current medical information or a change of physician.

- ☐ The child has no special needs and will not need any medications, treatments, special foods or care.
- ☐ The child needs or may need any of the following medicines, treatments, food or care set out in the Basic Permission Slip plus, if
any, the following needs or necessary accommodations related to the Specific Event. If there are no additional needs or
accommodations write "None".

- ☐ By checking this box I/we acknowledge that I/we are aware that the activity is or may be an unusual activity or entail
unusual risk to which I/we are giving consent.

The child listed above has my/our permission to participate in the above-described Specific Event. I/we are responsible for the cost
and will be sure she does not attend if she is sick on the date or dates of listed event.

Signature of Parent/Guardian _____ Date _____

Address _____

Home Phone _____ Work Phone _____

Mobile Phone _____ Other Phone _____

Email Address _____

Signature of Parent/Guardian _____ Date _____

Address _____

Home Phone _____ Work Phone _____

Mobile Phone _____ Other Phone _____

Email Address _____

If only one parent/guardian signs, signer represents that the consent of any other parent/guardian has been obtained and/or is not needed.