## INDIVIDUAL / FAMILY TRIP PARENT PERMISSION

My Troop No: My Leader:		Phone No:	
Permission for my participation in	(activity)		
At	on Date(s):	Cost:	
Departure Time and Place:	Returning Ti	ime and Place:	
Personal or Group Equipment:			
In case of emergency, the Event Co	ordinator will contact you. Phone	No	
Ггоор Leader or Event Coordinator	r:		
Certified First Aider:	not needed for this activity	provided at the event	
Name of First Aider attending:		Certification expiration checked	
Our daughter		Troop No	
Our daughter		Troop No	
nas our permission to participate in	the Girl Scout activity		
On date(s)	at time a	t (location)	
Adult(s) accompanying my daughte	er will be (if required by leader to	meet Safety Wise Standards):	
In case of emergency, we can be re	ached by phone at:		
Address:			
Additional Emergency Contact:		Phone No	
Address:	Relationship to girl		
<ul> <li>No alcohol or smoking is perm</li> <li>Seat belts must be utilized for a</li> <li>Every car must have directions</li> <li>Every car must have a first aid</li> <li>If you are a driver please make</li> </ul>	o anywhere without a buddy (adult itted all passengers in every vehicle to the location of the event kit certain you have a current driver's	or another girl) s license, insurance, and the car is in good repair.	
Signature of Parent/Guardian		Date	