

Use this form any time you leave your typical meeting place. Leaders complete the top portion, then Girl Scouts' parents/guardians complete and return the bottom portion. Group leaders must have fully executed permission slips in-hand for the duration of the event. See [Safety Activity Checkpoints](#) for more.

**Activity/Trip/Event Information**

5-digit Troop #		Name of Event	
Name of Venue			
Address		City	State
Zip			
Activities Occurring at Event			
Some Activities are High-Risk	Y	N	Date to Remit Slip and Payment

**Departure Information**

Date	Time		
Name of Departure Site			
Address		City	State
Zip			

**Return Information**

Date	Time		
Name of Return Site			
Address		City	State
Zip			

**In case of an emergency, this is the designated off-site contact who will immediately notify caregivers:**

Name of Contact	Phone
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\_\_\_\_\_ has my permission to participate in \_\_\_\_\_ as outlined above. By signing here, I recognize that some activities may involve risk as defined in [Safety Activity Checkpoints](#), and I confirm that she is physically capable of participating fully, and that a current Girl Health History Form is on file with her troop leader. During the event, I can be reached at this phone number: \_\_\_\_\_

If I cannot be reached in the event of an emergency, please contact

Name	Phone	Relation to Girl
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In the event of an accident, serious illness, or emergency, the troop leader or trip coordinator has my authorization to secure medical attention for \_\_\_\_\_, as necessary.

Parent/Guardian Signature

Date

If you choose to use a digital form of this document, by typing your name, you are electronically signing this form and are confirming that you have read the activity details. You hereby give permission to the Girl Scout named above to participate.