

# SINGLE EVENT PERMISSION SLIP

*Please complete and return lower half to troop/group leader prior to event.*

Activity/Trip: \_\_\_\_\_ Location: \_\_\_\_\_

Day/Date (s): \_\_\_\_\_ Time: \_\_\_\_\_ Troop #: \_\_\_\_\_

Time and place of departure: \_\_\_\_\_

Time and place of return: \_\_\_\_\_

We will travel by: private car bus train other \_\_\_\_\_

Adults accompanying the girls:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Each girl will need:

Equipment and clothing: \_\_\_\_\_

Food and beverages: \_\_\_\_\_

Personal expenses: \_\_\_\_\_

Special instructions: \_\_\_\_\_

Girl's name	Troop #	Date of birth
Street address	City	State, zip code

Permission for Trip  
 Yes  No  
 My daughter/dependent has permission to travel to, attend, and participate in troop and Council-sponsored activity, \_\_\_\_\_, as described above. I understand that my troop leader will follow the Girl Scout Program standards and Safety Activity Checkpoints outlined by Girl Scouts of the Green and White Mountains.

Initialed \_\_\_\_\_

Indicate any activities that should be restricted or that may require assistance:  
 \_\_\_\_\_

Emergency Contacts		
Name	Telephone (s)	Relationship to child
Name	Telephone (s)	Relationship to child
Parent Agreement I have read and understand this event permission form.		
Printed name of parent/guardian	Signature of parent/guardian	Date
Street address (if different from girl's)	City/State/Zip	Email address
Home telephone	Work telephone	Mobile telephone