



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: _____

Name	Troop #	Date of Birth
Street Address	City	State, Zip Code

Permission for Trip

☐ Yes ☐ No*

Initialed _____

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.

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

EMERGENCY CONTACT INFORMATION

Name	Telephone(s)	Relationship to Child
Name	Telephone(s)	Relationship to Child
Parent/Guardian Agreement I have read and understand this annual permission slip. I may change or revoke any aspect of this agreement at any time by submitting my request, in writing, to the troop/group leader.		
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