



# 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 \_\_\_\_\_

Registered adults accompanying the youth members:

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

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

Each youth 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 Youth
Name	Telephone(s)	Relationship to Youth
<b>Parent/Guardian Agreement</b> 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 youth's)	City/State/Zip	Email Address
Home Telephone	Work Telephone	Mobile Telephone