



Girl Scouts of NE Kansas & NW Missouri
**Parents/Guardians Information Form
 For Day or Overnight Trip(s)**

To be completed by the leader:

Troop # _____ is planning a trip to (Activity) _____
 From (date/times) _____ to _____
 Location _____
 Phone # _____
 Leader/Adult names in charge and cell phone numbers accompanying the girls will be: _____

Transportation Method: _____
 We will meet at/depart from: _____ Time: _____
 We will return to: _____ Time: _____

Activities in which girls will be involved (state clearly if high risk activities are involved):

Each girl will need:
 Expenses/Money: _____

Clothing/Equipment: _____

In case of emergency or delay, the leader will notify the following adult. This person will notify parents/guardians in the event of an emergency:

Name: _____
 Address: _____
 Phone: _____

***Parents/Guardians: BE SURE YOU HAVE DETACHED THIS HALF OF THE ACTIVITY PERMISSION FORM. IT IS FOR YOUR INFORMATION.**



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To be completed by parent/guardian and returned to leader:

Trip date: _____ **Activity:** _____
Return this half of the form to the leader no later than (date) _____
Daughter's Name _____

Notice that my Girl Scout will NOT participate in the trip listed

No, My Girl Scout does NOT have my permission to participate in this trip.
 Parent/Guardian signature _____ Date _____

Permission for participation (complete and sign where indicated)

YES! My Girl Scout has my permission to participate in the trip indicated above.
 YES! My Girl Scout has my permission to participate in the trip indicated above with the following limitations and/or reasonable accommodations: (Please describe)

During the activity, I (we) may be reached by (Phone): _____
 (Address) _____

Mother/Guardian cell #: _____ Father/Guardian cell#: _____
 Family Physician: _____ Phone#: _____

If I (we) cannot be reached in the event of an emergency, the following person is authorized to act in my (our) behalf:

Name: _____
 Address: _____
 Phone#: _____ Relationship: _____

My daughter is in good physical condition and has not had any serious illness or operation since her last health examination. If my child should have a serious illness, operation or be exposed to a contagious disease between the date the permission form is signed and the activity, I will notify the troop leader.

I understand that every effort will be made to contact me, but in the event I cannot be reached, I give my permission to the physician selected by the troop leader to hospitalize and/or secure proper treatment for my child in an emergency.

 Parent/Guardian signature

 Date