



Trip Parental Permission



Return tear-off to _____ by ____/____/____
Troop Leader's Name *Deadline Date*

Please print all information –Thank you!

Troop/Group # _____, _____, _____ **is planning a trip on (date)** ____/____/____

To (name of place): _____

Telephone Number of Location: () _____

ARRANGEMENTS FOR TRANSPORTATION:

Date: _____ Time: _____

Place: _____

Date: _____ Time: _____

Place: _____

Mode of Transportation: _____

LEADERS ACCOMPANYING THE GIRLS:

Name: _____ Telephone #: () _____

Name: _____ Telephone #: () _____

EACH GIRL WILL NEED:

Expenses: _____ Other equipment and clothing: _____

In case of emergency, the Leader will notify the Troop Parent Contact who will immediately notify the parents.

Name of Troop Parent Contact: _____ Telephone #: () _____

Leader's Signature: _____ Date _____

Please print all information! Sign, tear off, and return to Troop Leader.

My daughter (print name) _____ has permission to participate in _____
_____. She is in good physical condition and has not had any serious illness or operation since her last health exam. She may participate in all planned activities.

I will pick-up my daughter. **My daughter may travel home alone.**

In Case of emergency, I can be reached at: Day Phone #: () _____

Evening #: () _____ Address: _____

If I cannot be reached, the following person is authorized to act in my behalf:

Name: _____ Telephone #: () _____

Address: _____ Cell Phone # () _____

Relationship to participant _____ Evening Phone # () _____

In the event the contact person or I cannot be reached, the leader is authorized to act in my behalf:

Physician's name: _____ **Telephone #:** () _____

Parent(s)/Guardian(s) Signature: _____ **Date** _____