



Girl Scouts of Greater Chicago
and Northwest Indiana

Parents/Guardians Information Form
for Day or Overnight Trip(s)

To be completed by the leader:

Troop # _____ is planning a trip on (date) _____
from (times) _____ to _____.

Location/Destination: _____
Phone # _____

Leader names and cell phone numbers accompanying the girls will be:

Mode of transportation: _____
We will meet at/depart from: _____ Time: _____
We will return to: _____ Time: _____

Activities in which girls will be involved:

Each girl will need:
Expenses: _____
Clothing: _____
Equipment: _____

In case of emergency or delay, the leader will notify:

Address: _____
Phone: _____
who will notify parents.

Signature of leader accompanying girls _____ Date _____

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

Permission Slip



Girl Scouts of Greater Chicago
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Activity Permission and
Emergency Medical Form

To be completed by parent/guardian:

Trip date: _____ Location: _____
Return this half of the form to the leader no later than (date) _____

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

NO, my Girl Scout _____ does NOT have my
permission and will not 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.)

Is she taking any medication? If so, please list them below:

During the activity, I (we) may be reached at (Phone): _____
(address) _____

Mother/Guardian day #: _____ Father/Guardian day #: _____
Mother/Guardian eve #: _____ Father/Guardian eve #: _____

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: _____

I will permit photographs of my Girl Scout to be taken at this event to be used
for publicity by authorization of the designated members of the council. I do
herewith authorize the treatment by a qualified and licensed medical doctor of
my Girl Scout _____ in the event of a medical
emergency which, in the opinion of the attending physician, may endanger her
life, cause disfigurement, or physical impairment or undue discomfort if delayed.
It is understood that effort shall be made to contact the undersigned prior to
rendering treatment, but that any of the treatments will not be withheld if the
undersigned cannot be reached.

Parent/Guardian signature

Date