



Drifting Dunes Girl Scout Council

**TROOP ACTIVITY PERMISSION SLIP**

Troop Number \_\_\_\_\_ Leader's Name \_\_\_\_\_  
Telephone # \_\_\_\_\_ Activity \_\_\_\_\_  
Date \_\_\_\_\_ Location \_\_\_\_\_

We will leave from \_\_\_\_\_ at \_\_\_\_\_ A.M. P.M.  
We will return to \_\_\_\_\_ at \_\_\_\_\_ A.M. P.M.

I understand the Cost is \$ \_\_\_\_\_  
Girls should wear uniforms or \_\_\_\_\_  
Girls should bring \_\_\_\_\_

Persons to call in case of a delay or an emergency:  
Name \_\_\_\_\_ Phone # \_\_\_\_\_

Equipment/Drivers Needed \_\_\_\_\_

Comments: \_\_\_\_\_

*(Tear off and keep upper portion)*

**(PLEASE RETURN THIS PORTION TO TROOP LEADER BY \_\_\_\_\_)**

My daughter \_\_\_\_\_ has permission to go to \_\_\_\_\_

She is in good physical condition at present and has had no serious illness or operations since her last health examination. I will make sure that she does not attend if she is not feeling well.

I understand the cost will be \$ \_\_\_\_\_.

In case of emergency I can be reach at \_\_\_\_\_ Address Phone #

Please list name and telephone number of a neighbor or a relative to call if we are unable to reach you in case of an emergency: \_\_\_\_\_  
Name Phone #

Drifting Dunes Girl Scout Council has my permission to secure emergency medical treatment for my daughter while participating in this activity.

Signature of Parent/Guardian \_\_\_\_\_

I am willing to drive \_\_\_\_\_ I am an insured driver and I have \_\_\_\_\_ seatbelts available in my vehicle.

\_\_\_\_\_ My daughter is unable to attend this trip (please initial and return to troop leader).

**NOTE TO TROOP LEADER:** The bottom half of this form, along with the girl's **health history** should be taken with you on any trip.

