



Drifting Dunes Girl Scout Council

PARENT/GUARDIAN PERMISSION FOR TROOP TRIP/OVERNIGHT

Troop Number _____ is planning _____

_____. We will leave from _____

on _____.

The cost per girl will be \$_____

We will return to _____ at _____

In case of an emergency or change in plans, we will call _____

at _____, who will contact parents.

The leader(s) in charge will be _____ Phone # _____

And _____ Phone # _____

Comments: _____

My daughter _____ has permission to attend the trip to _____ on _____.

I understand the cost will be \$_____. I will make sure she does not attend if she is not feeling well. I can be reached during the trip at _____. In case I cannot be reached, you may call _____ at _____ who can act in my behalf.

In case of emergency _____ has my permission to obtain the proper medical Care for my daughter _____.

I can drive/chaperone: _____ Yes _____ No

Driver's License # _____ Expiration Date _____

Insurance Carrier _____

Total Number of Seat Belts Available in Car _____

Parent/Guardian Signature

Note: Return to Troop Leader by: _____

(OVER)

EQUIPMENT

Please Label All Equipment

Bedroll: sleeping bag or sheets, blanket, and pillow for bedroll, heavy plastic to wrap bedroll (ground cover)

Clothing: Pajama's, warm jacket, sweater, boots, hat or bandanna, extra slacks, underwear, socks. [no shirts with suggestive pictures or words]

Personal Toilet Supplies: wash cloth, soap in container, small towel, toothbrush and toothpaste, comb and brush, mosquito repellent (non-aerosol), flip flops or shower shoes for use while showering.

Additional Equipment: flashlight, sit-upon, dip bag, non-breakable and labeled plate, cup, bowl, glass, and silverware.

Other: _____

1. Allergies: _____yes _____no

If yes, explain _____

2. Medications sent on trip: _____yes _____no
(medications must be in original container with child's name. Directions must be clearly marked.)

3. Restrictions: _____yes _____no
If yes, explain _____

Our family doctor is _____ phone # _____
Date of last Tetanus shot _____
Date of last physical examination _____

Signature of Parent/Guardian

Phone Number

#4428 R:12/03 MK
