

# One-Time Permission for Off Site Activity

## Trip Details

event					troop #
date: from	time	location	date: to	time	location

## Contacts

LEADER: This permission slip must be in vehicle in which the Girl Scout is traveling.

Girl Scout's full name  
(last, first, middle)

changes in Girl Scout's health since last health history was completed

caregiver/guardian name	phone during trip	cell during trip
address during trip	city	st zip

If I cannot be reached in the event of an emergency, the following person is authorized to act on my behalf and is aware of the activity planned.

name of emergency contact	relation to Girl Scout	phone	cell
address	city	st	zip

## Signature

Yes, as a caregivers or legal guardian of this child, I give my Girl Scout permission to participate in this event. I certify that they are in good physical condition and has not had any serious illness or surgery since their last health examination. In case of emergency, I give permission for my Girl Scout to receive medical attention from a licensed physician and to be admitted to a hospital, if necessary.

caregiver/guardian name	relationship	date
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## Emergency Contact's Copy

Girl Scout's full name (last, first, middle)	date
caregiver/guardian name	phone during trip cell during trip
address during trip	city st zip

If I cannot be reached in the event of an emergency, the following person is authorized to act on my behalf and is aware of the activity planned.

name of emergency contact	relation to Girl Scout	phone	cell
address	city	st	zip

## Signature

caregiver/guardian signature	relationship	date
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