



girl scouts

4300E. Broadway Blvd.  
Tucson, AZ 85711  
520.327.2288 | 800.331.6782  
520.795.3318 fax

# Parent Permission for Off-site Activity

## Parent Copy PARENT: Please keep this copy for reference.

Troop#  is planning the following event: Cost to Girl

Event  Date(s)

Location/Address  Phone

Activities include

Departure time  Place  Return time  Place

Transportation  Equipment/Clothing to bring

Emergency Contact Name  Phone  Cell Phone

Leader Name  Other adults accompanying girls

Activities include  Phone  Cell Phone

Note: The GSUSA's activity accident insurance plan pays the first \$100 in benefits. Any subsequent benefits will be paid only for covered medical expenses exceeding the limit of benefits available under other forms of insurance or health care programs (plans other than the Girl Scout insurance plan) up to the maximum of \$15,000. It is important to note that the Girl Scout Basic Accident Insurance Plan is not intended to diminish the need for family health insurance or to replace the benefits that may be available under a family plan.

## Leader Copy LEADER: Keep this copy with you at all times while you are traveling with the girls.

My daughter, , has my permission to participate in the activity described above. She is in good physical condition and has not had any serious illness or operation since her last health examination.

Parent/Guardian Name  Phone where I can be reached

Address

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 planned activity:

Name  Phone  Cell

Address  Relation to girl

Changes in girl's health since last health history was completed:

In case of emergency, I give permission for my daughter to receive medical attention from a licensed physician and to be admitted to a hospital, if necessary. The GSUSA's activity accident insurance plan pays the first \$100 in benefits. Any subsequent benefits will be paid only for covered medical expenses exceeding the limit of benefits available under other forms of insurance or health care programs (plans other than the Girl Scout insurance plan) up to the maximum of \$15,000. It is important to note that the Girl Scout Basic Accident Insurance Plan is not intended to diminish the need for family health insurance or to replace the benefits that may be available under a family plan.

Signature of Parent/Guardian  Relationship  Date

## Driver Copy DRIVER: This portion of the permission slip must be in the vehicle in which the girl is traveling.

Girl Name  Parent/Guardian Name  Date

Address  Phone

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  Phone  Cell

Address  Relation to girl

Signature of Parent/Guardian  Relationship  Date