

Caregiver Permission for Girl Scout Trip or Off-Site Activity

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 medical plan.

Trip Details LEADER'S COPY

To be filled out by trip leader

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

Contacts

LEADER: **This permission slip must be in vehicle in which the girl is traveling.** In case of emergency, refer to the accident procedures listed on the Troop/Trip Application or on your wallet-sized emergency procedures card.

girl's name (last, first mi)			
changes in girl'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	phone
address	city	st	zip

Signature

Yes, as a caregiver or legal guardian of this child, I give my daughter permission to participate in this event. I certify that she is in good physical condition and has not had any serious illness or surgery since her last health examination. 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.

caregiver/guardian signature	relationship	date
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Emergency Contact's Copy

girl's name (last, first mi)			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	phone
address	city	st	zip

Signature

caregiver/guardian signature	relationship	date
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Trip Details						CAREGIVER COPY	
To be filled out by trip leader							
event						troop #	
location/address					phone	cell	
activities included							
date: from	time	departure location	date: to	time	pick up location		
mode of transportation					cost to girl		
equipment or clothing to bring							
names of accompanying adult(s)							
name of emergency contact						phone	
leader's signature					leader's phone	cell	