

## Activity Information



Troop \_\_\_\_\_ is planning a \_\_\_\_\_

Activity will include \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ Location Phone \_\_\_\_\_

Location \_\_\_\_\_ Type of Transportation \_\_\_\_\_

Time/Place of Departure \_\_\_\_\_

Time/Place of Return \_\_\_\_\_

Cost per girl \_\_\_\_\_ Each girl should bring \_\_\_\_\_

Adults accompanying girls:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

In case of delay in returning or an emergency, Leader will notify (name) \_\_\_\_\_

(phone) \_\_\_\_\_ who will then notify parents.

Leader's Signature \_\_\_\_\_

Date \_\_\_\_\_

Phone \_\_\_\_\_

**PARENT:** CUT ALONG DOTTED LINE AND RETURN TO LEADER BY (DATE) \_\_\_\_\_

## Activity Permission

I give my permission for my daughter, \_\_\_\_\_ to attend and participate in all activities related to \_\_\_\_\_ on \_\_\_\_\_

I understand some risk is inherent in a natural setting and in activities such as archery, horseback riding, swimming, canoeing and sailing. I also understand safety equipment will be provided (i.e. riding helmets and personal flotation devices) and agree my child will be responsible for wearing protective equipment and following safety rules as instructed. I understand that there may be minimum skill requirements for some activities, and if my daughter does not meet them, she will not be allowed to participate in that activity. I will not allow her to attend the event if she becomes exposed to any contagious disease or if for any reason I do not consider her in good physical condition. NOTE: Prescriptions and/or over the counter medications will be administered to a girl by or in the presence of the responsible adult and only with written permission from a custodial parent, legal guardian or a physician. Prescriptions and/or over the counter medications should be in the original container, carefully labeled with the girl's name and dosage, and must be accompanied by written instruction from a custodial parent, legal guardian or physician.

In case of accident or illness, I authorize a representative of Girl Scouts of Texas Oklahoma Plains, Inc. to give consent to a physician and/or hospital for medical and/or surgical treatment. It is understood that every effort will be made to notify me before such action is taken.

I understand that Girl Scouts of Texas Oklahoma Plains, Inc. may use photographs or audio/video tapes of my daughter in event activities for Girl Scout public relations. I understand the Council cannot be responsible for loss of valuables.

During the activity, I may be reached at \_\_\_\_\_  
 Phone Address City

Contact person to notify in an emergency if custodial parent/legal guardian cannot be reached. This person is authorized to act for me/us:

Name	Phone	Address	City
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Who will be picking up your daughter?

Custodial Parent/Legal Guardian Name \_\_\_\_\_ Driver's License # \_\_\_\_\_

Other Relative Name \_\_\_\_\_ Driver's License # \_\_\_\_\_

Friend of Family Name \_\_\_\_\_ Driver's License # \_\_\_\_\_

Custodial Parent/Legal Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_