girl scouts

Girl Scouts of Wisconsin – Badgerland Council, Inc.
www.gsbadgerland.org 800.236.2710

# Parent Permission for Special Activities & Overnights

*For troop events or activities taking place outside of normal troop meeting time and place.*

Troop #_____ is planning to:_____

The cost for each girl will be:$_____

☐ A day outing/field trip to:_____

☐ An overnight/camping event at:_____

On the following date(s):_____

The troop will leave from:_____ at:_____

and return to:_____ at:_____

Instructions for what to wear/bring:_____

The leaders/adults in charge are:_____ Phone:(___)_____

_____ Phone:(___)_____

In case of emergency, or change of plans, the troop leader will call you at the number listed below. If you need to contact the group while they are away (for emergencies only), please call:_____ at (___)_____. They will have the troop itinerary and emergency numbers.

**Parent/Guardian: please keep this portion for your records.**
**Please return the bottom portion to the leader by:_____**
(Return even if girl is not attending)

----------CUT HERE----------

## Parent Permission Slip

I give permission for (insert full name)_____ to attend the group outing to: _____on (date/s)_____. We can be reached by phone at: _____OR_____
I will make sure she does not attend if she is not feeling well, and I will let the leader know as soon as possible.

**Allergies or physical limitations are:**

_____

_____

I give permission for any emergency medical action which may be needed (including X-rays.) Our family doctor's name is: _____ Phone:(___)_____

Please Check:

☐ I will drive *all drivers and chaperones must have a background check on file
Valid driver's license number:_____

Current auto insurance carrier:_____

☐ I will chaperone *all drivers and chaperones must have a background check on file
☐ Fee for outing enclosed/attached
☐ My daughter will not attend this group outing (return even if girl is not attending)
☐ Other:_____

**Parent/Guardian Signature:**_____**Date:**_____ 5/11: white