



Girl Scouts of Eastern Oklahoma
PARENT PERMISSION FOR ACTIVITY OR TRIP

RETURN THIS PORTION TO LEADER

I understand and am in complete agreement that:

- 1. my child will participate and/or travel with Girl Scouts of Eastern Oklahoma troop # at/to (location) on (date/s);
2. there will be adults participating with/accompanying the Girl Scouts;
3. my child will participate in (description of activities) and/or will visit;
4. transportation will be by private car, rented/chartered vehicle, commercial airline, or other;
5. the group will stay at (name of overnight facility) and be housed in lodge, cabins, connecting rooms, tents, or other; this facility is locked or unlocked;
6. Security arrangements made by the troop include.

During this activity, I may be reached at the following locations in addition to the home phone:

Additional telephone number(s) - Guardian 1
Additional telephone number(s) - Guardian 2

In case I cannot be reached, someone to contact in an emergency will be (please notify these people of their responsibilities):

Name Relationship Phone
Name Relationship Phone

Private Medical Insurance Information: Company Group # Other #

After this activity, my child(s) will be going with

I hereby give permission for the administration of the following medications if deemed necessary by a qualified first aider, nurse or physician. Dosages will be administered according to directions on the container unless otherwise directed by a physician. Please check any medication your child MAY be given.

- Acetaminophen, Antacid Tablets-Chewable, Antihistamine, Calamine Lotion, Ibuprofen, Throat Lozenges/Spray, Antibiotic Ointment, Sun Screen, Decongestant, Bug Spray

I am sending the following medication(s) with my child:

MEDICATION DIRECTIONS

- 1.
2.
3.

PARENT/GUARDIAN SIGNATURE: DATE:

(Signature required if sending/approving any medication.)

By signing this permission document, I acknowledge that I have had an opportunity to discuss all aspects of this activity, I am aware of all security arrangements, I fully understand the nature of this event and am in complete agreement and have no further questions regarding it. I give my unreserved permission for my child to participate and for the adults to act in a parental role in my place. I understand that the Authorization for Emergency Care, which I signed when my child joined the troop this current year, is in effect for this activity.

X Parent/Guardian SIGNATURE (in ink) Date

Clip here and keep this information for reference



DON'T FORGET!!
GIRL SCOUT ACTIVITY

DO I NEED TO SEND MONEY?
NO YES! \$

GOING TO ON (date)

TIME AND PLACE OF DEPARTURE

SHE NEEDS TO BRING AND/OR WEAR

AT-HOME CONTACT NAME AND PHONE

PICK HER UP! DAY/DATE: TIME: PLACE: