

Troop # _____ is planning _____

Date(s) _____ Location: _____

Leader: _____ Phone: _____ Cell: _____

Transportation

Time and place of departure: _____

Time and place of return: _____

Mode of transportation: _____

Adults Accompanying Girls

Leader(s): _____ First Aider: _____

Other: _____

Girls Will Need

to bring: _____

to wear: _____

Emergency Contact

Name: _____ Phone _____ Cell: _____

Keep Top Portion
Return Bottom Portion to the Leader

My daughter, _____, has permission to participate in
_____ on _____.
Event Date(s)

Medication

I understand that if my daughter is on medication, I must send the medication in the original container labeled with the child's name, physician's name, and dosage. The medication must be handed over to the troop's First Aider or nurse upon arrival at the event. This medication will be administered by the First Aider or nurse.

Sleeping Accommodations

My daughter may _____ may not _____ share a bed designed for more than one person with another girl. A girl will not share a bed with an unrelated adult.

Contact Information

During the activity, I may be reached at: _____
Address

Home Phone: _____ Work Phone: _____ Cell Phone: _____

If I cannot be reached in the event of an emergency, the following person is authorized to act on my behalf:

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Signature

Date