



Girl Scout Council of Southeastern Massachusetts

111 East Grove Street . Middleboro, MA 02346 . www.gscsm.org
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Permission for Troop Day Trips

Troop No. _____ is going to _____

Located in _____ from (date) _____ to (date) _____

Arrangements for Transportation:

Day, Time, Place of Departure _____

Day, Time Place of Return _____

Mode of transportation _____

Adults responsible for and going with the troop:

Name: _____ Phone No. _____

Name: _____ Phone No. _____

In case of emergency, a leader will notify:

Name: _____ Phone No. _____

Who will immediately notify the parents or guardian.

Each girl should bring:

Tear off and return to troop leader

My child, _____ has permission to participate in _____

She can participate with reasonable accommodations. ____ yes ____ no

Please describe:

During the activity, I (we) can be reached at: _____ Phone No. _____

If I (we) cannot be reached in the event of an emergency, the following person is authorized to act in my (our) behalf.

Name _____ Relationship to girl _____ Phone No. _____

Date _____

Signature of Family Adult/Legal Guardian

Telephone Daytime _____ Evening _____

Physician's Name: _____ Phone No. _____

MEDICAL TREATMENT: I give my permission to the leaders or agents of the Girl Scout Council of Southeastern Massachusetts to obtain and administer such medical aid, including that of a licensed Medical Doctor, as might be required for the immediate care of my child in an emergency.

Family Adult/ Legal Guardian
Signature _____ Date _____