

Permission Slip



Girl Scouts of Greater Chicago
and Northwest Indiana

Parents/Guardians Information Form
for Day or Overnight Trip(s)

To be completed by the leader:

Troop # 43091 is planning a trip on (date) 11/21/2021
from (times) 3 p.m. to 4:30 p.m.

Location/Destination: Emily Oaks Natuer Center, 4650 Brummel St., Skokie, IL
Phone # _____

Leader names and cell phone numbers accompanying the girls will be:

Lauren Carrane, 954-554-0336

Ann Eiben, 312-315-4762

Julie Pellerite, 937-554-9918

Mode of transportation: parents to drive girls to event

We will meet at/depart from: Emily Oaks Nature Center Time: 3 p.m.

We will return to: Emily Oaks Nature Center Time: 4:30 p.m.

Activities in which girls will be involved:

3rd and 4th graders will learn how to build a campfire.

K-2nd graders will do a scavenger hunt in the woods.

All of the girls will eat s'mores and sing songs.

Each girl will need:

Expenses: \$0

Clothing: dress warmly (i.e. winter coat, hat, gloves, boots or sneakers)

Equipment: flash light

In case of emergency or delay, the leader will notify:

Ellen Fowler

Address: 2644 Asbury Ave., Evanston, IL 60201

Phone: (773) 706-3873

who will notify parents.

Signature of leader accompanying girls _____

Date _____

* Parents/Guardians: **BE SURE YOU HAVE DETACHED THIS HALF OF THE ACTIVITY PERMISSION FORM. IT IS FOR YOUR INFORMATION.**



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Activity Permission and
Emergency Medical Form

To be completed by parent/guardian:

Trip date: _____ Location: _____

Return this half of the form to the leader no later than (date) _____

Notice that my Girl Scout will NOT participate in the trip listed

NO, my Girl Scout _____ does NOT have my permission and will not participate in this trip.

Parent/Guardian signature _____ Date _____

Permission for participation (complete and sign where indicated)

YES! My Girl Scout _____ has my permission to participate in the trip indicated above.

YES! My Girl Scout _____ has my permission to participate in the trip indicated above with the following limitations and/or reasonable accommodations: (Please describe.)

Is she taking any medication? If so, please list them below:

During the activity, I (we) may be reached at (Phone): _____
(address) _____

Mother/Guardian day #: _____ Father/Guardian day #: _____

Mother/Guardian eve #: _____ Father/Guardian eve #: _____

Family Physician: _____ Phone #: _____

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

Name: _____

Address: _____

Phone #: _____ Relationship: _____

I will permit photographs of my Girl Scout to be taken at this event to be used for publicity by authorization of the designated members of the council. I do herewith authorize the treatment by a qualified and licensed medical doctor of my Girl Scout _____ in the event of a medical emergency which, in the opinion of the attending physician, may endanger her life, cause disfigurement, or physical impairment or undue discomfort if delayed. It is understood that effort shall be made to contact the undersigned prior to rendering treatment, but that any of the treatments will not be withheld if the undersigned cannot be reached.

Parent/Guardian signature _____ Date _____