



SPECIFIC EVENT PERMISSION SLIP

Group/Troop No. _____ is planning a _____ on _____ at _____ A.M./P.M. to _____ located at _____.

Our mode of transportation will be _____ departing from _____ at _____ A.M./P.M. and returning to _____ at _____ A.M./P.M. The Leaders and/or adults accompanying the girls will be:_____. The cost for each girl/adult will be \$_____ which will be used for _____. Each girl/adult will need (equipment and/or clothing) for which she is responsible. (Or See Attached)_____

In case of emergency, the leader will contact _____ at _____ who will notify parents.

If this box is checked, the event will or may involve unusual risk.

Leader's Signature

Date

_____ is my/our daughter or a child in my/our legal custody. I/we have previously executed a "General Permission Slip" for her participation in activities of or sponsored by the GIRL SCOUTS – ARIZONA CACTUS-PINE COUNCIL, INC. I/we adopt and incorporate the consents and information therein into this Specific Event Permission Slip, with the following changes or corrections. If there are none write "None", but be sure to fill in updating information such as a change of address or phone number, the persons to contact in an emergency, more current medical information or a change of physician.

If this box is checked, the child has no special needs and will not need any medicines, treatments, special foods or care.

If this box is checked, the child needs or may need any of the following medicines, treatments, food or care set out in the Basic Permission Slip plus, if any, the following needs or necessary accommodations related to the Specific Event. If there are no additional needs or accommodations write "None". _____

By checking this box I/we acknowledge that I/we are aware that the activity is or may be an unusual activity or entail unusual risk to which I/we are giving consent.

The child listed above has my/our permission to participate in the above-described Specific Event. I/we are responsible for the cost and will be sure she does not attend if she is sick on the date or dates of listed event.

Signature of Parent/Guardian* Date

Signature of Parent/Guardian* Date

Address

Address

Home Phone Work Phone

Home Phone Work Phone

Mobile Phone Other number

Mobile Phone Other number

Email Address

Email Address

If only one-parent/guardian signs, signer represents that the consent of any other parent/guardian has been obtained and/or is not needed.