

**OUTING PERMIT**

Girl Scouts of Western Ohio  
450 Shoup Mill Rd., Dayton, OH 45415-3518  
Phone: 937-275-7601 or 800-233-4845

Troop/Group \_\_\_\_\_ is planning a \_\_\_\_\_  
Date \_\_\_\_\_ Time \_\_\_\_\_  
Location \_\_\_\_\_ Phone Number \_\_\_\_\_

**Arrangements for transportation:**

Time and place of departure: \_\_\_\_\_  
Time and place of return: \_\_\_\_\_  
Mode of transportation: \_\_\_\_\_

**Leaders accompanying the girls:**

Name(s) \_\_\_\_\_

**Each girl will need:**

Expenses \_\_\_\_\_  
Equipment and clothing \_\_\_\_\_

**In case of an emergency, the leader will notify:** \_\_\_\_\_ (name)  
\_\_\_\_\_ (phone number) who will immediately notify the parents.

Leader's Signature \_\_\_\_\_ Phone Number \_\_\_\_\_

----- **TEAR OFF AND RETURN TO LEADER BY:** \_\_\_\_\_ -----

My daughter \_\_\_\_\_ has permission to participate in \_\_\_\_\_

She can participate with reasonable accommodations.  Yes  No Please describe \_\_\_\_\_

During the activity, I may be reached at:  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_

**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 \_\_\_\_\_

Relationship to participant \_\_\_\_\_ Phone Number \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Additional Remarks: \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_