

First Fieldtrip of the School Year!

Depending on the Location of the Troop each troop will be taking a fieldtrip to one of the Howard County Local Parks. We will be taking a Nature walk along the trails of the Parks and we will be playing on the playgrounds of each park. (Carpooling is suggested for this trip!)

- **It is very important that your girls dress for the weather during this first fieldtrip. (This means bringing a jacket if it might be chilly the day of the fieldtrip, this also means each girl should probably wear clothes that they can get dirty and tennis shoes).**
- **If the weather is too bad the day of the fieldtrip then we will just cancel the Fieldtrip (alternative plans will be made).**
- **The Carver Center of Kokomo will take their fieldtrip on Monday Oct. 1st from 4:30-6:00p.m. at Foster Park. (We will start off our Meeting at the Girl Scout little house).**
- **The Pettit Park Troop will take their fieldtrip on Tuesday Oct. 2nd to Foster Park. From 4:30-6:00p.m. (We will start off our Meeting at the Girl Scout little house).**
- **Autumn Trace Apartment Troop will take their fieldtrip on Wednesday Oct. 3rd to Foster Park. From**

Special Permission Form

Troop _____ Date _____ Destination _____
Address _____ Phone (_____) _____
Briefly describe activities _____

Arrangements for transportation

Time and place of departure _____
Time and place of return _____
Type of transportation _____

Leaders accompanying the girls

Name(s) _____

Fees

Troop pays _____ Girl pays _____ Optional spending money _____
Money due to troop leader by (date) _____

Each girl will need

Other equipment and clothing _____

In case of an emergency

Leader will notify the troop emergency contact person who will immediately notify the parent/guardian.
Emergency contact person _____ Phone (_____) _____
Leader's signature _____
Tear off bottom half and return to troop leader by (date) _____

My Girl Scout _____ has permission to attend the Girl Scout trip to _____
_____ and participate in the above described activities.

During the activity, I may be reached at (phone) (_____) _____

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

Name _____ Phone (_____) _____

Relation to participant _____

Address _____ City _____ ZIP _____

Additional remarks: Please note if your child has any specific limitations and/or special needs, including medications. Use additional sheet if necessary.

Parent/Guardian's Signature _____ Date _____

I have read the photo release on the back of this permission form and give my consent. I do not consent

Parent's Signature _____ Date _____

Each outing requires individually signed permission.