



SPECIFIC EVENT PERMISSION SLIP

Group/Troop No. 997 is planning a field trip on Sat, April 17 at 10:00 A.M./P.M. to Presidio located at ASU Bond Brickett Field

Our mode of transportation will be Wacker van departing from Ribera's House at 10:30 A.M./P.M. and returning to Ribera's House at 3:30 A.M./P.M. The Leaders and/or adults accompanying the girls will be: Maria Rodarte, Robin Hagador, Keri Hansen

The cost for each girl/adult will be \$5-10 which will be used for snacks, water, sunscreen. Each girl/adult will need (equipment and/or clothing) for which she is responsible. (Or See Attached) socks, laundry, water, see web site

In case of emergency, the leader will contact Ryan Hagador at 602-725-5195 who will notify parents.

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

Sharon B. Hill
Leader's Signature

3/5/10
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.