

# **Caregiver Permission for Trip/Camp Activity**

### Part I: To be completed by group leader/advisor. This portion is to be kept by caregiver.

Troop/Group #	_ is planning a: l	☐ trip	Camp.							
Destination Name:				Phone:				Start Da	ate:	
Address:			<u> </u>					End Da	ate:	
Type of Transportation: Time of De				parture: Tim			Time of R	eturn:	•	
	of Depart	arture: Place				eturn:				
Name of Primary Lead	der/Advisor in C	harge:								
	F	Phone:			Emai	l:				
Name of Secondary Leac	der/Advisor in C	harge:								
	F	Phone:			Emai	l:				
The group leader/advisor w	vill usa tha falla	wind co	ntact infor	mation	in the ov	ont (	of an amardaney			
The group leader/advisor will use the following contact in Emergency Contact Name:				Address:						
Primary Phone:				Secondary Phone:						
, , , , , , , , , , , , , , , , , , , ,										
Each girl will need: (sugges		ar list o	n next pag	e)						
Ехре	enses:									
Other equipment and clo	othing:									
Part II: To be complete	ed by caregive	er. This	s portion	is to b	e kept k	ov g	roup leader/a	dvisor.		
My daughter,	•		•		-		•		tivity s	tated above.
Media Permission: When pa										
or electronically imaged for th	ne purposes of pr	omotion	al materials	, news re	eleases, or	othe	er published forma	ts for eith	er the (	Girl Scouts of
the Colonial Coast or Girl Scouthe USA. I hereby release and										
use of these images. $\square$ I wis	sh to opt out at	this tim	e.							
My daughter requires a car	r seat during tra	nsporta	ation in a v	ehicle. 🏻	]∗Yes □	] No	*If yes, I unders	stand it is	s my r	esponsibility
to provide a car seat.										
The group leader/advisor v	vill use the follo	wing co	ntact infor	mation			of an emergency.			
Caregiver Name:					Address					
Primary Phone:				Seconda	ary Phone	2:				
My emergency contact per	rson Dhas Di	does no	t have my	nermics	sion to ac	rt ∩n	my behalf.			
Name:	3011 <u>— 11</u> 1123 <u>— 1</u>		y Phone:	permis	sion to ac		Secondary F	Phone:		
Address:							Relation to Dau	ghter:		
								-		
After the activity, my daug			<b>y</b> :							
Name:		Phone:					lation to Daughte			
COVID-19 is an extremely contagion present the risk of contracting CC Coast can in no way warrant that	OVID-19. While Girl S	couts of t	he Colonial C	oast take	s every safe	ety ar	nd preventative preca	ution, Girl S	Scouts	

Caregiver's Signature: \_\_\_\_\_ Date: \_\_\_\_



## **Caregiver Permission for Trip/Camp Activity**

## **Suggested Camping Gear List**

#### **Personal Equipment**

- Duffel bag or light suitcase to carry equipment
- Sleeping bag or bedroll
- Blanket inside sleeping bag
- Ground cloth big enough to wrap around bag
- Dunk bag
- Toiletries (toothbrush, toothpaste, soap, comb/brush, etc.)
- Towel and washcloth
- Complete change of clothes/undergarments
- One pair of extra shoes and socks
- Raincoat or poncho
- Hat or bandanna
- Sleepwear
- Large trash bag
- Water bottle
- Mess kit or equivalent (unbreakable plate, cup, bowl and silverware)
- Sit-upon
- Non-aerosol insect repellant
- Flashlight and extra bulb/batteries
- Pencil and paper
- Handbook

## **Warm Weather Camping**

- Shorts
- Sunscreen

## **Cold Weather Camping**

- Long pants
- Thermal underwear (recommended)
- Warn sleepwear
- Heavy jacket
- Warm hat
- Warm gloves
- Extra blanket

#### **Personal Preference**

- Camera
- Songbook
- Nature book
- Mosquito net
- Pillow