

Parental Permission Form

Leader/Program Director please check all that apply:

- Day Trip
 Overnight
 High Adventure
 Sensitive Issue

General Information: *To be filled out by leader/ program director.*

Troop/Group	<input type="text"/>	Activity Date	<input type="text"/>	To	<input type="text"/>
Activity	<input type="text"/>				
Activity Location	<input type="text"/>				
Departure Time	<input type="text"/>	Place	<input type="text"/>		
Return Time	<input type="text"/>	Place	<input type="text"/>		
Transportation	<input type="text"/>			Cost	<input type="text"/>
Each Child Should	<input type="text"/>				
Leader	<input type="text"/>		Phone	<input type="text"/>	
Adults Attending	<input type="text"/>		Phone	<input type="text"/>	
Emergency Contact	<input type="text"/>		Phone	<input type="text"/>	
Please complete this form and return by <input type="text"/>					

For High Risk activities

if this is a High Adventure Activity.

For programs that include ice-skating, roller skating, horseback riding, white water rafting, canoeing, caving, rock climbing, rappelling, swimming, or other physically strenuous or hazardous activities, parent or guardian should recognize that these activities can be dangerous and that sometimes serious injuries may occur.

Refer to Volunteer Essentials

For Sensitive Issue activities

if this is a Sensitive Issue Activity.

Please discuss this activity with your child. Attendance is optional for all or part of the activity; however, it is the parent or child's responsibility to communicate to the leader your needs prior to the activity date.

Note: All Activities will be conducted in accordance with the Girl Scouts of the USA policies, standards, and guidelines regarding safety and adult supervision.

Parental Permission

General Information: *To be filled out by parent/guardian.*

I am the parent/guardian of (child's name)

I have read the description of the activity planned for (date)

I will ensure the fee for my child will be paid in the amount of

I will be responsible for ensuring that my child brings the required equipment.
 I will ensure that the equipment my child brings will be in good physical condition.
 I will ensure that my child is in good physical condition for this activity.

I give special permission and/or instructions for the following medication:

Medication Name:

This medicine will be properly labeled and given to the designated adult First Aider.

***Parent: if this is a High Risk or Sensitive Issue Activity, please check and date the appropriate box to indicate your agreement.**

For High Risk activities

I have read the description of the activity planned and I understand that my child will be exposed to above normal risk of injury. I sustain that to the best of my knowledge, my child has the maturity, required skills, and physical ability to participate in the activity as described.

Date

For Sensitive Issue activities

I have read the description of the activity planned. I understand that my child will be exposed to issues and discussions that are considered to be of a sensitive or controversial nature. I have discussed this activity with my child and I am confident of their maturity/ability to participate.

Date

Emergency Contact Information

Mother /Guardian	<input type="text"/>	Phone	<input type="text"/>
Father/Guardian	<input type="text"/>	Phone	<input type="text"/>
Emergency Contact	<input type="text"/>	Phone	<input type="text"/>

My daughter is a registered Girl Scout and I give my permission for her to participate.

Yes No

Signature Date

For Photographs

I give my permission for my child to be photographed and allow USAGSO to release said pictures for publicity purposes.

Yes No