



Parental Permission for Girl Scout Year - Form

Troops may opt to use this form in place of multiple activity permission slips. This form obtains parent or guardian permission for all meetings and activities for the Girl Scout year. Troop leaders agree to *inform* parents, in print or electronically, when a particular activity involves a sensitive issue, an overnight or a field trip away from the normal meeting site or sites. With the use of this form, additional permission slips are not required for troop events or activities, unless requested by the vendor or event planner. An electronic or paper version of this form should be retained by the troop leader for three years.

PERMISSION REQUESTED FOR (To Be Completed By the Troop/Group Leader)

Participating in troop meetings and troop activities during the _____ to _____ Girl Scout year.

Typical Meeting Day/Time: _____ Typical Meeting Location: _____

Alternate Meeting Location(s) if appropriate: _____

Troop Leader #1: _____ (Assistant or) Troop Leader #2: _____

Phone 1: _____ Phone 1: _____

Phone 2: _____ Phone 2: _____

E-mail: _____ E-mail: _____

Please, complete the Parent/Guardian Permission Statement below and return to: _____ by: _____
(Name) (Due Date)

Note: All activities must be conducted in accordance with the Girl Scouts of the USA and the Girl Scouts Nation's Capital's policies, standards, and guidelines regarding safety and adult supervision.

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PARENT/GUARDIAN PERMISSION (To Be Completed By the Parent/Guardian)

Name of Child: _____

CONTACT INFORMATION DURING THE ACTIVITY

Parent/Guardian: _____ Parent/Guardian: _____ Emergency Contact: _____

Phone 1: _____ Phone 1: _____ Phone 1: _____

Phone 2: _____ Phone 2: _____ Phone 2: _____

E-mail: _____ E-mail: _____ E-mail: _____

I understand that I am responsible for ensuring that my child is prepared to participate in each activity as determined by the leader. This may include, but is not limited to, payment of fees and attending any preparation meetings. I also understand that I am responsible for ensuring that my child behaves appropriately during this activity. I further understand that, if in the opinion of the leader or adult-in-charge, my child is not behaving appropriately, I may be asked to pick-up my child early from the activity at my own expense, and that it is at the leader's discretion whether or not to refund any fees that I've paid for this activity: Yes No

I understand that my child may not participate in this activity if she appears to be ill. I further understand that if my child appears to be ill when she arrives at the activity or become ill during the activity, I will be asked to pick-up my child early from the activity at my own expense, and that it is at the leader's discretion whether or not to refund any fees that I've paid for this activity: Yes No

I understand that I must provide written permission for the first-aider to witness any medication that my child may need. I understand that this written permission must include the name of the medication, the dosage, times and dates to be administered, and the reason for the medication. I understand that I must sign and date this written permission and give it to the first-aider, along with the medication which must be in the original container: Yes No

When participating in Girl Scout activities, my child may be photographed for print, videotaped, or electronically imaged. Images may be used in promotional materials, news releases, and other published formats for either the local Girl Scout Council or Girl Scouts of the USA. The images will be the sole property of either the local Girl Scout Council or Girl Scouts of the USA: Yes No

For High Adventure Activities Only: I understand that during this activity, my child will be exposed to an above normal risk of injury. I understand that I am responsible for communicating to the leader and adult-in-charge about any needs that my child may have in regards to this activity. I sustain to the best of my knowledge that my child has the maturity, required skills, and physical ability to participate in this activity: Yes No

For Sensitive Issue Activities Only: I understand that during this activity, my child will be exposed to issues and discussions that are, or could be, considered to be of a sensitive or controversial nature. I understand that I am responsible for communicating to the leader and adult-in-charge about any needs that my child may have in regards to this activity. I am confident of her maturity and ability to participate: Yes No

My child is a registered Girl Scout, and I give her permission to participate in the activity described above: Yes No

Parent/Guardian Signature: _____ **Date:** _____