



Girl Scout Council of the Nation's Capital  
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**B222**

**MULTIPLE ACTIVITY PARENTAL PERMISSION FORM**

Troop # \_\_\_\_\_ Troop Leader: \_\_\_\_\_  
 Leader's Phone Number: \_\_\_\_\_ Leader Email \_\_\_\_\_

I am the parent/guardian of \_\_\_\_\_, and give my permission for her to participate in the following troop activities:

1. \_\_\_\_\_ Date: \_\_\_\_\_  
 Departure Time: \_\_\_\_\_ Place: \_\_\_\_\_  
 Return Time: \_\_\_\_\_ Place: \_\_\_\_\_  
 Cost: \_\_\_\_\_ Transportation \_\_\_\_\_  
 Each child should bring: \_\_\_\_\_

2. \_\_\_\_\_ Date: \_\_\_\_\_  
 Departure Time: \_\_\_\_\_ Place: \_\_\_\_\_  
 Return Time: \_\_\_\_\_ Place: \_\_\_\_\_  
 Cost: \_\_\_\_\_ Transportation \_\_\_\_\_  
 Each child should bring: \_\_\_\_\_

3. \_\_\_\_\_ Date: \_\_\_\_\_  
 Departure Time: \_\_\_\_\_ Place: \_\_\_\_\_  
 Return Time: \_\_\_\_\_ Place: \_\_\_\_\_  
 Cost: \_\_\_\_\_ Transportation \_\_\_\_\_  
 Each child should bring: \_\_\_\_\_

**Information about specific activities is attached.**

**Family Emergency Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

I understand that these activities are not considered high adventure activities. I also understand that all activities will be conducted in accordance with Girl Scouts of the USA and Girl Scout Council of the Nation's Capital guidelines regarding safety and adult supervision. I will be responsible for ensuring that my child brings the required equipment; pays any required fees; and attends only if she is in good physical condition. I give special permission and/or instructions for the following medication \_\_\_\_\_, which will be properly labeled and given to the adult First Aider.

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Photo Release:**

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

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_