Girl Scout Council of the Nation's Capital
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B221

PARENTAL PERMISSION FORM

Leader please check all that apply:

☐ **Day Trip** ☐**Overnight** ☐**High Adventure** ☐**Sensitive Issue**

General Information	***For High Adventure Activities***
Troop/Group_____ Activity Date _____ To _____ Acitvity_____ Activity Location_____ Departure time _____Place _____ Return time _____Place _____ Transportation _____Cost _____ Each child should_____ Leader _____Phone _____ Adults attending _____ Phone _____ _____Phone _____ Emergency contact_____Phone _____ Please complete the form below and return by_____.	☐ √ **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 some times serious injuries may occur. ***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 Girl Scout of the United States of America and Girl Scout Council of the Nation's Capital policies, standards, and guidelines regarding safety and adult supervision.

----------PARENTAL PERMISSION

General Information	***For High Adventure Activities***
I am the parent/guardian of _____ I have read the description of the activity planned for _____ *date* My child will pay the fee of _____ I will be responsible for ensuring that my child brings the required equipment and attends only if in good physical condition. I give special permission and/or instructions for the following medication _____. This medicine will be properly labeled and given to the adult First Aider. Mother/guardian_____Phone _____ Father/guardian_____Phone _____ Emergency contact _____Phone _____	I have read the attached 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 described above. *Initial_____Date_____ ***For Sensitive Issue Activities*** I have read the attached description of the activity planned. I understand that my child will be exposed to issues and discussions that are, or could be, considered to be of a sensitive or controversial nature. I have discussed this activity with my child and am confident of her/his maturity/ability to participate. *Initial _____Date_____
I give my permission for my child to participate YES ☐√ NO ☐√ Signature _____Date_____ *Parent: If this is a high adventure or sensitive issue activity, please initial and date in appropriate box.	***For Photographs*** I give my permission for my child to be photographed and allow GSCNC to release said pictures for publicity purposes. **YES ☐ NO ☐**

For more information see Safety-Wise © 2000