



Caregiver Permission Multiple Activity Form

This form is mandatory for any activity outside of the normal meeting site/time. This form is also mandatory whenever an activity involves a sensitive issue, including activities occurring during troop meetings. Caregivers are required to complete this form in order for their child to participate in the activities stated on the form. Completed forms are to be returned to the individual stated on the form. This form is to be retained by the troop leader for three years.

ACTIVITY INFORMATION (To Be Completed By the Troop/Group Leader)

ACTIVITY #1

Activity Type: Day Trip Overnight High Adventure Sensitive Issue

Description of Activity: _____ Activity Cost: _____ Transportation: _____

Activity Start and End Date(s): _____ Activity Location: _____

Departure Time and Location: _____ Return Time and Location: _____

Additional Information: _____

ACTIVITY #2

Activity Type: Day Trip Overnight High Adventure Sensitive Issue

Description of Activity: _____ Activity Cost: _____ Transportation: _____

Activity Start and End Date(s): _____ Activity Location: _____

Departure Time and Location: _____ Return Time and Location: _____

Additional Information: _____

ACTIVITY #3

Activity Type: Day Trip Overnight High Adventure Sensitive Issue

Description of Activity: _____ Activity Cost: _____ Transportation: _____

Activity Start and End Date(s): _____ Activity Location: _____

Departure Time and Location: _____ Return Time and Location: _____

Additional Information: _____

TROOP LEADERSHIP DURING ACTIVITIES

Leader: _____ Adult-In-Charge: _____ Emergency Contact: _____

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

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

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

If the Leader, Adult-In-Charge and/or Emergency Contact listed above will not be serving in their positions during all three activities, provide the position title, phone numbers and e-mail for those that will be, and specify which activity or activities they will be providing leadership for:

Complete the Caregiver Permission Statement on the following page 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.

CAREGIVER PERMISSION STATEMENT (To Be Completed By the Caregiver)

Name of Child: _____

CONTACT INFORMATION DURING ACTIVITIES

Caregiver 1: _____ Caregiver 2: _____ Emergency Contact: _____

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

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

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

The following statements apply to ALL of the activities on this form that you are giving your child to permission to participate in:

I understand that I am responsible for ensuring that my child is prepared to participate in activities 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 these activities. 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 an 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 the activity: Yes No

I understand that my child may not participate in an activity if they appear to be ill. I further understand that if my child appears to be ill when they arrive at an 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 the 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 high adventure activities, 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 these activities. I sustain to the best of my knowledge that my child has the maturity, required skills, and physical ability to participate in these activities: Yes No

For Sensitive Issue Activities Only: I understand that during sensitive issues activities, 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 these activities. I am confident of their maturity and ability to participate: Yes No

State which of the activities on this form you are giving your child permission to participate in. Your child will NOT be able to participate in any activities that you do not list here:

Activity: _____

Activity: _____

Activity: _____

My child is a registered Girl Scout and I give them permission to participate in the activity or activities that I have listed above: Yes No

Caregiver Signature: _____ Date: _____