



# Parental Permission Form

This form is mandatory for any activity outside of the normal meeting site/time. It can be used for 1 activity OR multiple activities. This form is also mandatory when an activity involves a sensitive issue, including activities occurring during troop meetings. Parents/caregivers are required to complete this form in order for their child to participate in the activities stated here. Completed forms are to be returned to the individual stated on the form. This form is to be retained by the troop leader.

## 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: \_\_\_\_\_

### ACTIVITY #4

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 #5

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: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_ Email: \_\_\_\_\_

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 email for those that will be, and specify which activity or activities they will be providing leadership for:

Complete the Parent/Guardian Permission Statement on the following page and return to: \_\_\_\_\_ by: \_\_\_\_\_  
(Name) (Due Date)

Note: All activities must be conducted in accordance with Girl Scouts of the USA and Girl Scouts of NE Kansas & NW Missouri policies, standards, and guidelines regarding safety and adult supervision. If any of the activities listed on this form are altered from the date it was signed, a new Permission Slip MUST be used and signed by the parent/caregiver.

**PARENT/GUARDIAN PERMISSION STATEMENT (To be completed by the parent/guardian)**

Name of Child: \_\_\_\_\_

**CONTACT INFORMATION DURING ACTIVITIES**

Parent/Guardian: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

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 I am responsible for ensuring 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 I am responsible for ensuring my child behaves appropriately during these activities. I further understand, 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 if my child appears to be ill when she arrives at an activity or becomes ill during the activity, I will be asked to pick-up my child early from the activity at my own expense, and is at the leader's discretion whether or not to refund any fees paid for the activity:  Yes  No

I understand I must provide written permission for the first-aiders to witness any medication my child may need. I understand this written permission must include the name of the medication, dosage, times and dates to be administered, and the reason for the medication. I understand I must sign and date this written permission and give it to the first-aiders, along with the medication which must be in the original container:  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 I am responsible for communicating to the leader and adult-in-charge about any needs 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 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 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 her 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 her permission to participate in the activity/activities listed above:  Yes  No

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