



Parental Permission Single 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. Parents/guardians are required to complete this form in order for their child to participate in the activity stated on the form. This form is to be retained by the troop leader for three years. All activities must be conducted in accordance with the Girl Scouts of the USA and GSHH policies, standards, and guidelines regarding safety and adult supervision.

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

Activity Type: Day Trip Overnight High Adventure Sensitive Issue Troop Number: _____

Description of Activity: _____ Activity Start and End Date(s): _____

Activity Location: _____ Departure Time and Location: _____

Return Time and Location: _____ Mode of Transportation: _____

Leader 1: _____ Phone: _____ Email: _____

Leader 2: _____ Phone: _____ Email: _____

Other Accompanying Adults: _____

Emergency Contact: _____ Phone: _____ Additional _____ E-mail: _____

Activity Information: _____

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

A list of supplies and expenses each girl should bring to the activity should be attached to this form.

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

Name of Child: _____ Description of Activity: _____

CONTACT INFORMATION DURING THE ACTIVITY

Parent/Guardian 1: _____ Phone 1: _____ Phone 2: _____ Email: _____

Parent/Guardian 2: _____ Phone 1: _____ Phone 2: _____ Email: _____

Emergency Contact: _____ Phone 1: _____ Phone 2: _____ Email: _____

Physician's Name: _____ Phone: _____ Address: _____

Provide your initials after each of the following to indicate that you understand and agree with the statement.

I am responsible for ensuring that my child is prepared to participate in this activity and that I am responsible for ensuring that my child behaves appropriately during this activity. 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. _____

My child may not participate in this activity if she has had a fever within the last 24 hours or appears to be ill, and that if my child appears to be ill when she arrives or becomes 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. _____

I must provide written permission for any medication that my child may need. This permission must include the name of the medication, the dosage, times and dates to be administered, and the reason for the medication. This written permission must be given to the first-aider, along with the medication in the original container. Prescription medications will only be permitted if they are in the original container with the physician's instructions. _____

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. _____

In the event that I cannot be reached in an emergency, I hereby give my permission to the physician, hospital, or medical service selected by the leaders to hospitalize and secure proper treatment for my child. It is understood that a conscientious effort will be made to locate me or the emergency contact listed above before any action is taken. _____

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. _____

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. _____

By signing this form, I agree that my child is a registered Girl Scout, and I give her permission to participate in the activity described above.

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