



# Parent Permission Form For Girl Scout Activity

**Parental permission is required for Girl Scout activities involving sensitive topics, high risk activities (such as camping, rock climbing, skiing, etc.) and other activities that take place outside of the council jurisdiction. Volunteer Essentials – “Securing Parental Permission”**

Your child has the opportunity to participate in the following Girl Scout activity with Girl Scout troop #\_\_\_\_\_. If you give your permission for her to participate, please complete the bottom portion of this form and return to your leader by \_\_\_\_\_. No Girl Scout will be able to participate in this activity without written consent from a parent/guardian.

### ACTIVITY INFORMATION

Activity Name \_\_\_\_\_ Activity Location \_\_\_\_\_

Description of Activities \_\_\_\_\_

Activities may involve sensitive issues  No  Yes – List: \_\_\_\_\_

Each girl will need: \$\_\_\_\_\_ and the following equipment/clothing, etc. \_\_\_\_\_

### TRANSPORTATION INFORMATION

Departure: Date \_\_\_\_\_ Time \_\_\_\_\_ AM PM Location \_\_\_\_\_

Return: Date \_\_\_\_\_ Time \_\_\_\_\_ AM PM Location \_\_\_\_\_

Mode of transportation:  Car  Van  Bus  Plane  Other \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Name of Adult in Charge during Activity \_\_\_\_\_ Phone \_\_\_\_\_

**In case of emergency, the adult in charge will notify the following adult “back home contact” person who will notify parents:**

Name of Back-Home Contact \_\_\_\_\_ Phone \_\_\_\_\_

## PARENTAL PERMISSION FORM FOR GIRL SCOUT ACTIVITY

My child, \_\_\_\_\_, has my permission to participate in \_\_\_\_\_ on \_\_\_\_\_  
\_\_\_\_\_. She is in good physical health and has not had any serious illnesses or operations since her last health examination. She has received all necessary immunizations and vaccinations. I understand that if the registrant is found using drugs or alcohol or is behaving in a manner which is dangerous to herself or event participants, she will be sent home at her parents’/guardians’ expense.

During this activity I can be reached at:  
Address \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_

If I cannot be reached in the event of emergency, the following person is authorized to act in my behalf:  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Physician’s Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
Family Medical/Hospital Insurance \_\_\_\_\_ Policy/Group# \_\_\_\_\_

I give my permission for the adult in charge of the event to take the registrant to a medical facility, if necessary. In case of emergency, if none of the above can be contacted, I consent to treatment for the registrant under the supervision of and as deemed advisable by a physician licensed under the Medicine Practice Act. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. I will not allow the registrant to attend if she has been exposed to any contagious disease or if, for any reason, I do not consider her to be in good physical condition.

**Sensitive Issues Activity Permission:** I have read the description for the activities listed above. 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 maturity and ability to participate. I understand, and have shared with my child that her attendance is optional for all or part of the activity. I understand that I may request to review materials prior to the activity, and/or I may attend the activity with my child.

I permit my child to participate in all activities/conversations.  
 I permit my child to participate only in activities/conversations related to the following topics: \_\_\_\_\_

I do not permit my child to participate in any activities/conversations.  
 I need more information about this activity before deciding if my child can participate.

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