



Parental Permission for Girl Scout Year

Troops may opt to use this form in place of multiple activity permission slips. This form obtains parent or guardian permission for meetings and activities for the Girl Scout year. Troop leaders agree to inform parents in advance, in print or electronically, of the details of scheduled activities. Activities that involve high risk activities, sensitive issues, or overnight stays of more than two nights require individual single activity permission forms. 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.

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

Troop Number: \_\_\_\_\_ Membership Year: October 1, \_\_\_\_\_ through September 30, \_\_\_\_\_
Troop Meeting Location: \_\_\_\_\_ Meeting Dates and Times: \_\_\_\_\_
Leader 1: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_
Leader 2: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_
Other Supervising Adults: \_\_\_\_\_

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

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

Name of Child: \_\_\_\_\_ Membership Year: October 1, \_\_\_\_\_ through September 30, \_\_\_\_\_

CONTACT INFORMATION

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: \_\_\_\_\_

My child has permission to participate in the following activities, unless I otherwise revoke permission in writing.

Selecting "No" on any of the below activities will require a single activity permission form to be signed for each instance of that type of activity.

Day trips and activities: [ ] Yes [ ] No
Overnight activities of up to two nights: [ ] Yes [ ] No
Money-earning activities approved by GSHH: [ ] Yes [ ] No

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 the above activities and that I am responsible for ensuring that my child behaves appropriately during activities. 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 this activity. \_\_\_\_\_

My child may not participate in an 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 an 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. \_\_\_\_\_

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: \_\_\_\_\_