



Parent/Guardian Permission Form

SU #: \_\_\_\_\_ Troop #: \_\_\_\_\_ Level:  Daisy  Brownie  Junior  Cadette  Senior  Ambassador  Juliette

NAME OF THE EVENT \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

LOCATION \_\_\_\_\_

MEETING PLACE (Address) \_\_\_\_\_

IS THIS A GIRL SCOUT SPONSORED EVENT \_\_\_\_\_ YES \_\_\_\_\_ NO

IF NOT WHO'S SPONSORING/ORGANIZATION \_\_\_\_\_

DEPARTURE TIME \_\_\_\_\_ RETURN TIME \_\_\_\_\_

NAME OF ADULT IN CHARGE: \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

COST PER GIRL \$ \_\_\_\_\_ COST PER ADULT \$ \_\_\_\_\_ TROOP IS PAYING \$ \_\_\_\_\_

# Girl Scouts attending: Girls \_\_\_\_\_ Adults \_\_\_\_\_ # of Non-Girl Scouts attending: Girls \_\_\_\_\_ Boys \_\_\_\_\_ Adults \_\_\_\_\_

METHOD OF TRAVEL \_\_\_\_ Car \_\_\_\_ Bus \_\_\_\_ Train \_\_\_\_ Plane

CAMPSITE/HOTEL/LODGING INFO: \_\_\_\_\_

NEAREST MEDICAL FACILITY: \_\_\_\_\_

EMERGENCY CONTACT DURING THE EVENT: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ DAY \_\_\_\_\_ EVE

FIRST AID/CRR \_\_\_\_\_ DATE OF CERTIFICATION \_\_\_\_\_

ADULT CERTIFIED IN TROOP CAMPING (when required) \_\_\_\_\_

Troops or groups traveling to and from Girl Scout events must adhere to the driving/seatbelt/First Aid standards and checklists as outlined by GSUSA. Safety information can be referenced in Volunteer Essentials and the Safety Activity Checkpoint. CERTIFICATE OF INSURANCE MUST BE ON FILE AT GIRL SCOUTS OF CENTRAL MARYLAND FOR ALL BUSES LEASED FOR GIRL SCOUT ACTIVITIES (Council Approval needed).

RETURN THIS HALF OF FORM TO LEADER OR EVENT COORDINATOR BY \_\_\_\_/\_\_\_\_/\_\_\_\_

My daughter \_\_\_\_\_ has my permission to participate in the field trip to \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_. I agree that my daughter is in good health and may participate in this activity. I give my permission for medical treatment if necessary. I agree that she will not attend this event if she should become ill or exposed to a contagious disease. I also give my permission for her to be photographed for publicity purposes.

During the event I can be reached at:

Location \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ DAY \_\_\_\_\_ EVE

Cellular Phone \_\_\_\_\_

If I cannot be reached in an emergency, please contact (print information):

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ DAY \_\_\_\_\_ EVE

Cellular Phone \_\_\_\_\_

I understand that Girl Scout activity insurance is secondary to any personal insurance I may have.

Parent \_\_\_\_\_

PRINT NAME

SIGNATURE

Date \_\_\_\_/\_\_\_\_/\_\_\_\_