girl scouts of central maryland

Parent/Guardian Permission for Girl Scout Activities, Events, and Trips

This section to be completed by the Troop Leadership for any activity outside the troop meeting location.
A copy is to be shared with each parent/guardian and permission obtained for each girl's participation.
Also, the troop leader must provide a copy of this activity form to the Service Unit Manager in advance of the activity, event or trip.

Service Unit # _____ Troop/Group # _____ Level: ❒ Dsy ❒ Br ❒ Jr ❒ Cad ❒ Sr ❒ Amb ❒ Juliette

Type of Activity: ❒ Trip ❒ Camping Trip ❒ Service Unit Event ❒ Special Activity ❒ GSCM Activity

Name of Activity: _____ Date(s) of Activity: _____

Location: _____ Address: _____

Time/Place of Departure: _____ Time/Place of Return: _____

Mode of Transportation: ❒ Private Car(s) ❒ Bus ❒ Train ❒ Plane ❒ Other: _____

Name of Adult in Charge: _____ Phone Number: _____

Name of First-aider: _____ Name of Camp Trained Adult, if needed: _____

Closest Medical Facility: _____ Address: _____

Amount Troop/Group Paying per Girl $_____ Cost per Girl Family to Pay $_____ Cost Per Adult $_____

Items your daughter will need for the trip: _____

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This section to be completed and signed by parent/guardian; retain the top half of this slip for reference.

Name of Troop Activity: _____ Date(s): _____

Parent/Guardian to return this permission to troop leadership by _____ /_____ /_____

❒ *My daughter is <u>unable</u> to attend.*

❒ *My daughter _____has my permission to participate in said activity.*

❒ *To the best of my knowledge, my daughter is in good health at this time and I agree that if my daughter should become ill or exposed to a contagious disease prior to the trip, she will not attend.*

❒ *I give* ❒ I *do <u>not</u> give my permission for my daughter to be photographed for publicity purposes.*

❒ *I understand that Girl Scout activity insurance is secondary to any personal insurance I may hold.*

During the time of this event, I may be reached at the following phone numbers:
Home Phone: _____ Cell Phone: _____

If I cannot be reached in the event of an emergency, the following person is authorized to act on my behalf:
(NOTE: Parent/Guardian please be sure this person has all activity details)
Name _____ Relation to Girl Scout: _____
Home Phone: _____ Cell Phone: _____
Name of the person who will pick-up my daughter at the end of the activity:_____

_____ _____
Parent/Guardian Signature Date