

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

This section to be completed by the Troop/Group Leadership for any Girl Scout activity outside the troop/group regular meeting location.

A copy is to be shared with each parent/guardian and permission obtained for each Girl Scout's participation.

Service Unit # Troop/Group	D#Level: DDSy DBr DJr DCad DSr	☐ Amb ☐ Multi-Level ☐ Juliette
Type of Activity: ☐ Trip ☐ Camping Trip	p 🗖 Service Unit Event 🗖 Special Activity 🗖 GSCM Act	tivity
Name of Activity:	Da	ite(s) of Activity:
Location:	Address:	
Time/Place of Departure:	Time/Place of Return:	:
Mode of Transportation: ☐ Private Car(s	s) 🗆 Bus 🗆 Train 🗖 Plane 🗖 Other:	
	Pho	
	the Troop/Group:	
	Name of Camp Trained Adult, it	
	Address:	
	Cost per Girl Scout Family to Pay \$	
	ctivity:	
	XXXXXXXX DETACH FORM HERE XXXXX	
This section to be co	ompleted and signed by parent/caregiver; retain the top	half of this slin for reference
	ompleted and signed by parenty earegiver, retain the top	•
	on form to troop/group leadership by//	
	,	
☐ I give ☐ I do <u>not</u> give my permission f	for my Girl Scout to be photographed for publicity purpose	es.
☐ I understand that Girl Scout activity in	nsurance is secondary to any personal insurance I may ho	ld.
During the time of this activity, I may be i	reached at the following phone number(s):	
Name of the person who will pick-up my	Girl Scout at the end of the activity:	
If I cannot be reached in the event of an eperson has all activity details):	emergency, the following person is authorized to act on m	ny behalf: (Parent/Caregiver please be sure this
Name	Phone Number:	Relation to Girl Scout:
extremely contagious viruses which spread preventative precaution, GSCM can in no w this <i>Permission Form,</i> parents/caregivers m Scout's troop/group. <i>I agree to comply and to preventing the spread of communicable that neither I or my participating Girl Scour communicable disease. I acknowledge that the transmission of communicable disease recommendations issued by public health of procedures and revised procedures prior to</i>	A Activities, Events and Trips Addendum as of October 2022: I easily through person-to-person contact. As Girl Scouts of Covay warrant that a communicable disease will not occur through general triple and the activities of the ensure compliance by my Girl Scout with all local, State, and diseases and all safety protocols instituted by GSCM relating the shall participate in Girl Scout activities if ill or have been entered to the state of the ensure compliance of the ensure compliance in the shall participate in Girl Scout activities if ill or have been entered to the state of the ensure activities in the ensure and the ensure activities and the ensure activities and further agree that I and my participating Girl states are participating in, visiting, or utilizing the facilitates, service account is in good health at this time, and I agree that if my they will not attend.	entral Maryland (GSCM) takes every safety and ugh participation in GSCM programs. In addition to tory Record, which will be kept on file with the Girl, and federal orders and recommendations relating ng to participation in Girl Scout activities. I agree exposed to others who have a confirmed cause of a element health and safety protocols for hindering based on updated recommended guidance and Scout will comply with Council health and safety es, and/or the programs of the GSCM Council.
handwritten signature:	ature: By checking this box 🗗 I certify my consent and tha	at my typed name has the same effect as my
	egiver Signature	Date