girl scouts of central maryland

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

This section to be completed by the Troop/Group Leadership for any activity outside the troop/group meeting location.
A copy is to be shared with each parent/guardian and permission obtained for each girl's participation.
Also, the troop/group 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 Emergency Contact Person for the Troop/Group: _____ 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 Girl Scout 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/Group Activity: _____ Date(s): _____

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

❒ *My Girl Scout, _____, has my permission to participate in said activity.*

Parent Name _____❒ *will* ❒ *will not attend this activity with my Girl Scout.*

❒ *To the best of my knowledge, my Girl Scout is in good health at this time and I agree that if my Girl Scout should become ill or exposed to a contagious disease prior to the trip, she will not attend.* ***Parent/Guardian Permission for Girl Scout Activities, Events and Trips*** **Addendum as of August 2020:** COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. As Girl Scouts of Central Maryland (GSCM) takes every safety and preventative precaution, GSCM can in no way warrant that COVID-19 infection will not occur through participation in GSCM programs. In addition to this Parent/Guardian Permission for Girl Scout Activities, Events, and Trips, parents/caregivers must sign for each Girl Scout an *Assumption of Risk, Release and Waiver of Liability Relating to Coronavirus/COVID-19* and have an *updated Girl and Adult Health History Record* on file with the troop/group.

❒ *I give* ❒ I *do not give my permission for my Girl Scout 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 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 emergency, the following person is authorized to act on my behalf: (Parent/Guardian please be sure this person has all activity details):

Name _____ Phone Number: _____ Relation to Girl Scout: _____

If completing this form with a typed signature: ***By checking this box ❒ I certify my consent and that my typed name has the same effect as my handwritten signature.***

_____ _____

Parent/Guardian Signature Date