



Parental Permission for Girl Scout Year - Form

Troops may opt to use this form in place of multiple activity permission slips. This form obtains parent or guardian permission for all meetings and activities for the Girl Scout year. Girl Scout Troop leaders agree to INFORM parents, in print or electronically, when an activity involves a sensitive issue, an overnight or a field trip away from the normal meeting site or sites. With the use of this form, additional permission slips are not required for troop events or activities, unless requested by the vendor or event planner. An electronic or paper version of this form should be retained by the troop leader for three years.

PERMISSION REQUESTED FOR (To Be Completed by the Girl Scout Troop/Group Leader)

Participating in troop meetings and troop activities during the \_\_\_\_\_ to \_\_\_\_\_ Girl Scout Year. Girl Scout Troop \_\_\_\_\_
Typical meeting day/time: \_\_\_\_\_ Typical Meeting Location: \_\_\_\_\_
Alternate Meeting Location(s) if appropriate: \_\_\_\_\_
Troop Leader #1: \_\_\_\_\_ Troop Leader #2: \_\_\_\_\_
Phone 1: \_\_\_\_\_ Phone 1: \_\_\_\_\_
Phone 2: \_\_\_\_\_ Phone 2: \_\_\_\_\_
Email: \_\_\_\_\_ Email: \_\_\_\_\_
Please, complete the Parent/Caregiver Permission Statement below and return to: \_\_\_\_\_ by: \_\_\_\_\_

Note: All activities must be conducted in accordance with the Girl Scouts of the USA and the Girl Scouts of the Jersey Shore policies, standards, and guidelines regarding safety and adult supervision.

PARENT/CAREGIVER PERMISSION (To Be Completed by the Parent/Caregiver)

Name of Child: \_\_\_\_\_ Girl Scout Troop number: \_\_\_\_\_

CONTACT INFORMATION DURING THE ACTIVITY

Parent/Caregiver: \_\_\_\_\_ Parent/Caregiver: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_
Phone 1: \_\_\_\_\_ Phone 1: \_\_\_\_\_ Phone 1: \_\_\_\_\_
Phone 2: \_\_\_\_\_ Phone 2: \_\_\_\_\_ Phone 2: \_\_\_\_\_
Email: \_\_\_\_\_ Email: \_\_\_\_\_ Email: \_\_\_\_\_

I understand that I am responsible for ensuring that my child is prepared to participate in each activity as determined by the leader. This may include, but is not limited to, payment of fees and attending any preparation meetings. I also understand that I am responsible for ensuring that my child behaves appropriately during this activity. I further understand that, 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 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: [ ] Yes [ ] No

I understand that my child may not participate in this activity if she appears to be ill. I further understand that if my child appears to be ill when she arrives at the activity or becomes ill during the activity, I will be asked to pick-up my child early from 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 the activity: [ ] Yes [ ] No

I understand that I must provide written permission for the first aider to witness any medication that my child may need. I understand that this written permission must include the name of the medication, the dosage, times, and dates to be administered, and the reason for the medication. I understand that I must sign and date this written permission and give it to the first aider, along with the medication which must be in the original container: [ ] Yes [ ] No

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: [ ] Yes [ ] No

For High Adventure Activities Only: I understand that during this activity, my child will be exposed to an above normal risk of injury. I understand that I am responsible for communicating to the leader and adult-in-charge about any needs that my child may have regarding this activity. I sustain to the best of my knowledge that my child has the maturity, required skills, and physical ability to participate in this activity: [ ] Yes [ ] No

For Sensitive Issue Activities Only: I understand that during this activity, my child will be exposed to issues and discussions that are, or could be, considered to be of a sensitive or controversial nature. I understand that I am responsible for communicating to the leader and adult-in-charge about any needs that my child may have regarding this activity. I am confident of her maturity and ability to participate: [ ] Yes [ ] No

My child is a registered Girl Scout, and I give her permission to participate in all the activities during this Girl Scout year: [ ] Yes [ ] No

Parent/Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_