



# SPECIFIC EVENT PERMISSION SLIP

## TO BE COMPLETED BY THE LEADER

Troop/Group # \_\_\_\_\_ is planning a \_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_  AM  PM to \_\_\_\_\_  AM  PM located at \_\_\_\_\_.

Our mode of transportation will be \_\_\_\_\_ departing from \_\_\_\_\_ at \_\_\_\_\_  AM  PM and returning to \_\_\_\_\_ at \_\_\_\_\_  AM  PM. The leaders and/or adults accompanying the girls will be \_\_\_\_\_.

The cost for each girl/adult will be \$ \_\_\_\_\_ which will be used for \_\_\_\_\_.  
*Each girl/adult will need (equipment and/or clothing) for which she is responsible. (see attached)*

In case of emergency, the leader will contact \_\_\_\_\_ at \_\_\_\_\_ who will notify parents.

This event will or may involve unusual risk.  YES  NO *If yes, list* \_\_\_\_\_

Leader's Signature \_\_\_\_\_

Date \_\_\_\_\_

## TO BE COMPLETED BY PARENT/GUARDIAN

Child Name \_\_\_\_\_

- The child has no special needs and will not need any medications, treatments, special foods or care.
- The child needs or may need any of the following medicines, treatments, food or care.  
\_\_\_\_\_

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 become ill during the activity, I will 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 I must provide written permission for the first-aid to witness any medication that my child may need. I understand 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 give permission to have her treated by a licensed physician if necessary. I also agree to be financially responsible for all expenses associated with providing medical care for my child. I understand that I must sign and date this written permission and give it to the first-aid, 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 in regards to 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

**COVID-19** is an extremely contagious virus that spreads easily through person-to-person contact. As with any social activity, participation in Girl Scouts could present the risk of contracting COVID-19. While GSACPC takes every safety and preventative precaution, GSACPC can in no way warrant that COVID-19 infection will not occur through participation in GSACPC programs.

Parent/Guardian Printed Name \_\_\_\_\_

Parent/Guardian Printed Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_ Phone \_\_\_\_\_

Date \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

***If only one parent/guardian signs, signer represents that the consent of any other parent/guardian has been obtained and/or is not needed.***