



# GSGLA PARENT PERMISSION FORM

www.girlscoutsLA.org

EMERGENCY: (877) 423-4752

This form is REQUIRED for EVERY activity or trip, for EACH girl, whether parents attend or not.

**TOP portion is for parent information to keep. BOTTOM portion to be returned signed to Leader.**

Troop Meetings (One form yearly)  Product Sales Boothing (One form yearly)

Troop/Group Activity other than regular meeting time and location (SUM or designee notification recommended) For troop/group meetings at a different location but at the same time, advance written parent notification **ONLY** is required; permission form is not needed.

Overnight Activities (SUM or designee approval required 4 weeks prior to activities)

Extended/International Travel (attach required forms)

## Activity Information

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Mode of transportation (walk, van, train, etc.): \_\_\_\_\_

Destination Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Drop Off Location: \_\_\_\_\_ Time: \_\_\_\_\_ Pick up Location: \_\_\_\_\_ Time: \_\_\_\_\_

Activity Description: \_\_\_\_\_

Troop/Group Pays: \_\_\_\_\_ Family Pays: \_\_\_\_\_ Purpose of Fee: \_\_\_\_\_

Please Bring: \_\_\_\_\_

## Troop Information Required

Troop/Group #: \_\_\_\_\_ Level(s):  D  B  J  C  S  A Service Unit: \_\_\_\_\_

Name of Leader or Adult in charge \_\_\_\_\_ Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Name of second Adult in charge \_\_\_\_\_ Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Emergency Contact Person for this activity (Adult who is not attending event/activity) \_\_\_\_\_ Emergency Contact Phone \_\_\_\_\_

Name of Certified First Aid/CPR/AED trained Adult (attending) \_\_\_\_\_ Certification Expiration Date \_\_\_\_\_

### Check ONLY requirements needed for this activity: GS training (Please indicate date training was taken)

Indoor Overnight: Name of Trained adult attending: \_\_\_\_\_ Date: \_\_\_\_\_

Camping Skills: Name of Trained adult attending: \_\_\_\_\_ Date: \_\_\_\_\_

Domestic Troop Travel: Name of Trained adult attending: \_\_\_\_\_ Date: \_\_\_\_\_

International Travel: Name of Trained adult attending: \_\_\_\_\_ Date: \_\_\_\_\_

Other special adult training or certification needed (lifeguards, etc) Provide info:

Specialty: \_\_\_\_\_ Name of Certified Specialist: \_\_\_\_\_ Certificate Exp.: \_\_\_\_\_

Additional Insurance Obtained  The Leader has obtained Health Histories and Over the Counter information prior Activity.

I have reviewed Girl Scout procedures for this activity and agree to comply with GSGLA Volunteer Essentials and Safety Activity Checkpoints.

Signature of Leader or Adult in charge during Activity

Date

Signature of SUM or Designee (required for Overnight Activities ONLY)

Date Approved/Reviewed

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## Parent/guardian, please complete, sign and return this bottom portion only to Leader

Activity description: \_\_\_\_\_

My child \_\_\_\_\_ has my permission to participate with this Troop/Group in the above activity on this date and time. During the activity, I can be reached at: Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Name of alternate contact person (If I cannot be reached) \_\_\_\_\_ Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

My daughter cannot participate in: \_\_\_\_\_

My child is in good health. If she has a known complicating medical problem or has had an operation, serious illness, or convulsive disorder since her last health examination, I understand that written permission from a doctor must accompany this form for my daughter to participate in water sports, horseback riding, skiing, hiking, sports, and other physically demanding activities.

I have discussed appropriate behavior with my daughter. Also, I will make sure she does not participate if not feeling well.

Signature of Parent/Guardian

Date