

GSGLA PARENT/CAREGIVER PERMISSION FORM

www.girlscoutsLA.org EMERGENCY: (877) 423-4752 This form is REQUIRED for EVERY activity or trip, for EACH girl, whether parents/caregivers attend or not.

- 1. Please refer to What I Need For My Girls to Attend A... for more information
- 2. For Extended Overnights (3+ nights) or High Risk Activities Also fill out the Extended Travel and/or High Risk Application for GSGLA approval

TOP portion is for parent/caregiver information to keep. BOTTOM portion to be returned signed to Leader. ☐ Regular Troop/Group Meetings (One form yearly, list or attach dates) – for meetings at the regular day and time but at a different location, only advance written notification to parents/caregivers is required. □ Day Trips – other than regular meeting day or time, send Permission Form to SUM/Designee at least 2 weeks prior. ☐ Short Overnight Trips – (1-2 nights) SUM/Designee approval required prior to sending Permission Form to parents ☐ High Risk – (See Safety Activity Checkpoints) SUM, Go-Team, GSGLA approval required ☐ Extended Overnight Trips – (3+ nights) SUM, Go-Team, GSGLA approval required □ Product Sale Boothing (One form yearly, list or attach dates) **Activity Information** Date: _____ Activity Description: ____ _____ City: ______ State: ____ Zip: _____ Destination Address: Transportation to Destination: ☐ Walk ☐ Parent/Caregiver Private Vehicle ☐ Troop Carpooling ☐ Other Drop Off Location: _____ Time: ____ Pick up Location: ____ Time: ____ Troop/Group Pays: _____ Purpose of Fee: _____ Please Bring: **Troop Information Required** Troop/Group #: _____ Level(s): D D B D J C D S D A Service Unit: ____ Leader/Adult in charge: _____ ______ Phone: _____ Second Leader/Adult in charge: ______ Phone: _____ Off Site Emergency Contact Person: Phone: Certification Expiration Date: Name of First Aider: (Valid certification in First Aid/CPR/AED trained Adult attending) Special Training or Certification needed for this activity □ N/A □ Name of Camping Skills Trained adult attending: ______ Training Date: _____ □ N/A □ Name of Domestic Travel Trained adult attending: _____Training Date: _____ □ N/A □ Name of International Travel Trained adult attending: _______Training Date: _____ □ N/A □ Name of Private Certified Lifeguard: _____ Certificate Exp.: ____ □ Using Lifeguard(s) on site □ N/A □ Name of Other Certified Specialist: _____ Certificate Exp.: ____ □ Using Specialist(s) on site Type of other Specialist: □ N/A □ A contract agreement is needed and required by site for this activity and has been submitted to coi@girlscoutsla.org □ N/A □ Non-member Insurance obtained ☐ I have reviewed Girl Scout procedures for this activity and agree to comply with GSGLA Volunteer Essentials and Safety Activity Checkpoints, and have completed required training/online modules. Leader or Adult signature in charge during activity: ___ Overnight Approval for this activity SUM/Designee signature Date:

Parent/Caregiver, please complete, sign and return only this bottom portion to Leader Activity Description ______ Date: _____

wy daugnter	_ has my permission to participate	with this troop/group in the above activity on this date an	a time.
During the activity, I can be reac	hed by phone at:		
If I cannot be reached contact: _		Phone	
■ My daughter cannot participa	te in:		
☐ My daughter is in good health	n. If she has a known complicating n	nedical problem or has had an operation, serious illness, or	r
convulsive disorder since her last	health examination, I understand t	hat written permission from a doctor must accompany thi	s form
for my daughter to participate in	water sports, horseback riding, skii	ing, hiking, sports, and other physically demanding activiti	es.

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

Parent/Caregiver Signature:

Date: