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| www.girlscoutsLA.org  **EMERGENCY: (877) 423-4752** | **GSGLA PARENT/GUARDIAN PERMISSION FORM**  **This form is REQUIRED for EVERY activity or trip,**  **for EACH girl, whether parents/guardians 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/guardian 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/guardians 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Transportation to Destination: **❑** Walk **❑** Parent/GuardianPrivate Vehicle **❑** Troop Carpooling **❑** Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Leader/Adult in charge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Second Leader/Adult in charge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Adult who is not attending event/activity)

Name of First Aider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Certification Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Valid certification in First Aid/CPR/AED trained Adult attending)

**Special Training or Certification needed for this activity**

**❑** N/A **❑**Name ofIndoor Overnight Trained adult attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Training Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**❑** N/A **❑**Name ofCamping Skills Trained adult attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Training Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**❑** N/A **❑**Name ofDomestic Travel Trained adult attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Training Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**❑** N/A **❑**Name ofInternational 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

**❑** 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:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_

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| --- |
| **Overnight Approval for this activity**  **SUM/Designee signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­\_ Date: \_\_\_\_\_\_\_\_\_­­­­­­­\_­­­­­­­­­­­­­­­­­­­­­­­­­\_ |

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**Parent/Guardian, please complete, sign and return only this bottom portion to Leader**

Activity Description \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ My daughter\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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 by phone at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If I cannot be reached contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**❑** *My daughter 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.

**Parent/Guardian Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_