



Parent/Guardian Permission

Overnights, High-Risk Activities and Sensitive Topics

- **Overnights:** Overnight events include sleepovers, hotel or rustic camping trips, encamporee, extended travel, etc.
- **High-Risk Activities:** High-risk activities are those that demands greater physical prowess, emotional stamina and skill. These activities include specialized training, equipment and supervision. Please see the Safety Activity Checkpoints.
- **Sensitive Topics:** In order to be contemporary and responsive to the girls' needs and interests, some Girl Scout activities focus on subjects that may be considered sensitive or controversial. In general, highly personal topics such as human sexuality, religious beliefs, and cultural or family values are considered sensitive topics. This is not a definitive list - please see Volunteer Essentials for details.

Basic Activity Details					
Departure: Date/Time/Location	Return: Date/Time/Location	Trip or Topic	Location (address)	Cost per girl	Group contact for activity
#1					
#2					
#3					
#4					

Parent/Guardian Approval		
As the parent or legal guardian of _____, I give permission for her to take part in:		
girl's name		
Activity 1 _____ (description)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Activity 2 _____ (description) <input type="checkbox"/> Yes <input type="checkbox"/> No
Activity 3 _____ (description)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Activity 4 _____ (description) <input type="checkbox"/> Yes <input type="checkbox"/> No
The child to be transported by a volunteer driver when applicable. <input type="checkbox"/> Yes <input type="checkbox"/> No		
The adult in charge to arrange for emergency medical attention if I cannot be reached. <input type="checkbox"/> Yes <input type="checkbox"/> No		
In case of emergency, please contact: _____		
Name	Phone #	Alt Phone #
The child is in good health and able to participate: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Her restrictions on strenuous activities are: _____		
She has the following allergies: _____		
My child is taking the following medications - prescribed and/or over-the-counter (OTC): _____		
I've reviewed the policy on administering medication to a minor and submitted the appropriate permission forms to the adult in charge. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A - My child is not currently taking any prescribed or OTC medications.		
If this permission covers multiple activities, it is my responsibility to update all of the above information at the time of the trip.		
Signature of parent or guardian: _____		Date: _____