Parent/Guardian Permission

girl scouts of western washington

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 demand greater physical prowess, emotional stamina, and skill. These activities include specialized training, equipment, and supervision. Please see the Safety Activity Checkpoints.
- Sensitive Topics: To be contemporary and responsive to member needs and interests, some Girl Scout activities focus on subjects that may be considered sensitive or controversial. Generally, 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 Scout	Group contact for activity
#1					
#2					
#3					
#4					

Parent/Guardian Approval

As the parent or legal guardian of _____ , I give permission for them to take part in:
(Girl Scout's name)

Activity 1 _____ ☐ Yes ☐ No
(description)

Activity 2 _____ ☐ Yes ☐ No
(description)

Activity 3 _____ ☐ Yes ☐ No
(description)

Activity 4 _____ ☐ Yes ☐ No
(description)

The child to be transported by a volunteer driver when applicable. ☐ Yes ☐ No

The adult in charge to arrange for emergency medical attention if I cannot be reached. ☐ Yes ☐ No

In case of emergency, please contact: _____
(Name) (Phone #) (Alt Phone #)

The child is in good health and able to participate: ☐ Yes ☐ No

Their restrictions on strenuous activities are: _____

They have 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.

☐ Yes ☐ No ☐ 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:** _____