

**Parental Permission for Girl Scout Activity**

*Girl Scouting builds girls of courage, confidence, and character, who make the world a better place.*

According to *Safety Activity Checkpoints* Program Standard 10 of Girl Scouts of the USA, leaders must notify parents/guardians about proposed activities that are held outside of the scheduled meeting place, that involve travel, or that focus on sensitive or controversial topics. Troop leaders must have written permission from a parent/guardian in order for girls to participate. (Note: Another form is available for use when planning an activity that is sensitive or involves high/risk.)

**Parent/Guardian: In order for your Girl Scout to participate, this form must be signed and returned to \_\_\_\_\_ by \_\_\_\_\_**

Troop/Group # \_\_\_\_\_ is planning \_\_\_\_\_

on \_\_\_\_\_ Date \_\_\_\_\_ to \_\_\_\_\_ Location \_\_\_\_\_

This program will be held outside the scheduled meeting place and/or involves travel.

\_\_\_\_\_ # adults are required to attend based on Girl Scout *Safety-Wise* Standards. These adults will attend (list all names):

Mode of Transportation \_\_\_\_\_

Time and place of departure \_\_\_\_\_

Time and place of return \_\_\_\_\_

Each girl will need to bring items that are  (check all that apply):

- money Amount \_\_\_\_\_
- equipment Type(s) \_\_\_\_\_
- clothing Type(s) \_\_\_\_\_
- other \_\_\_\_\_

In case of emergency, the troop leader will notify the emergency contact, \_\_\_\_\_

at the following phone \_\_\_\_\_ who will immediately notify the parents.

\_\_\_\_\_  
Troop Leader's Signature

\_\_\_\_\_  
Phone



***Sign and Return this portion to Troop Leader***

My daughter \_\_\_\_\_ has permission to participate in \_\_\_\_\_

She is in good physical condition and has not had any serious illness or operation since her last health examination.

She can participate with the following accommodation(s) \_\_\_\_\_

During the activity, I may be reached at phone number: \_\_\_\_\_

**If I cannot be reached in the event of an emergency, the following person is authorized to act on my behalf:**

Name \_\_\_\_\_ Relation to Participant \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date