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**

<table>
<thead>
<tr>
<th>Date:</th>
<th>Location:</th>
<th>Activity Description:</th>
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</thead>
<tbody>
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Transportation to Destination:  
- Walk  
- Parent/Guardian Private 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**

<table>
<thead>
<tr>
<th>Troop/Group #:</th>
<th>Level(s):</th>
<th>Service Unit:</th>
</tr>
</thead>
<tbody>
<tr>
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<td>D B J C S A</td>
<td>Service Unit:</td>
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</table>

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: ____________________________  
Certificate Expiration Date: ____________________________

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

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

  | N/A | Name of Indoor Overnight Trained adult attending: ____________________________  
  | N/A | Training Date: ________________

  | N/A | Name of Domestic Travel Trained adult attending: ____________________________  
  | N/A | Training Date: ________________

  | N/A | Name of International Travel Trained adult attending: ____________________________  
  | N/A | Training Date: ________________

  | N/A | Name of Private Certified Lifeguard: ____________________________  
  | N/A | Certificate Exp.: ________________  
  | N/A | Using Lifeguard(s) on site: ________________

  | N/A | Name of Other Certified Specialist: ____________________________  
  | N/A | Certificate Exp.: ________________  
  | N/A | 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: ____________________________

**Overnight Approval for this activity**

- X X X X X X X X X X X X X X X X X X X X X X

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: ____________________________

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