girl scouts
greater los angeles

www.girlscoutsLA.org
**EMERGENCY: (877) 423-4752**

# Parent Permission Form

**This form is required for EVERY activity or trip, for EVERY girl, whether parents attend or not.**

☐ Troop/Group Activity other than regular meeting time and location **(SUM or designee notification recommended) (For troop/group meetings at a different location but same time, advance written parent notification is required; NOT permission slips)**

☐ Overnight Activities **(SUM or designee approval needed)**

☐ Extended/International Travel (attach required forms)

## Troop Information

Name of Leader/Adult:
Address:
City, State and Zip Code:
Phone #:
Email:
Troop # & Service Unit:
Grade Level:
Emergency Contact Name:
Phone #:

## Activity Information

Description:

Address:
City, State and Zip Code:
Date:
Time:
Mode of Transportation:
Drop-Off Location and Time:
Pick-up Location and Time:
Troop Fee:
Family Fee:
Purpose of Fee:
Please bring:

## Check ONLY Requirements Needed for this Activity

☐ First Aider Name:
Certificate Expiration:
☐ GS Training (Overnighters, Camping, Backpacking)
Name of Trained Adult:
☐ Other certified/trained adults (Lifeguards, etc.)
Name:
Certificate Expiration:
☐ Additional Insurance Obtained

☐ **I have reviewed Girl Scout procedures for this activity and agree to comply with GSGLA Volunteer Essentials, Policies and Safety Activity Checkpoints.**
Signature of Leader/Adult:
Date:
Signature of SUM/Designee (only needed for overnight activities):
Date of Approval:

## (Completed and signed by parent/guardian and retuned to Troop # Leader)

Activity Description:
Date &Time:
My child, , has my permission to participate with this Troop/Group on the above activity in this date and time.
During this activity I can be reached at (Name and Phone #):
Emergency Contact (Name and Phone #):
My child is in good health**. If she has had surgery, a serious illness or has developed complications or serious medical problems since her last examination,** I understand that written permission from her doctor must accompany this form for my daughter to participate in water sports, horseback riding, hiking and other physically demanding activities.
My daughter cannot participate in:
Medical Forms: ☐ are attached or ☐ on file
☐ I have discussed appropriate behavior with my daughter. Also, I will make sure she does not participate if not feeling well.
Parent Signature:
Date: