

## **Parent/Guardian Single-Use Permission Form**

This form is REQUIRED for every Extended-Day/Overnight/High-Risk activity or trip. EMERGENCY: (877) 423-4752

☐ When Annual Peri	mission form use is not given b	y parent/caregiver		
☐ Extended-Day Trip	os – (8+ hours) SUM or designe	ee approval required prior to	sending to parents	
	rips – (1-3 nights) SUM or desi			ts
☐ High-Risk – SUM a	pproval only for Tier 1, SUM 8	Council (e-form) approval fo	or Tier 2 high-risk act	ivities
•	tional Travel (4+ nights) (Sum,		•	
	olunteerapps.org/extended-tra			
		ctivity Information		
Data	Times Made at		in aka V	
	Time: Mode of			
Drop Off Location:	Time:	Pick up Location:	State	Zip
Activity Description:				
Troop/Group Pays:	Family Pays:	Purpose of Fee:		
Please Bring:				
	<u>Troop</u>	Information Required		
Troop/Group #:	Level(s):	J C C S A Service Un	it:	
Name of Leader or Adult in charge		Phone	E-mail Address	
Name of second Adult	in charge	Phone	E-mail Address	
Emergency Contact Per	rson for this activity (Adult who is	not attending event/activity)	Eme	ergency Contact Phone
	Aid/CPR/AED trained Adult (atte	e.		ication Expiration Date
	uirements needed for this ac			•
☐ Indoor Overnight: ☐ Camping Skills:		ling:		
☐ Camping Skills: Name of Trained adult attending: ☐ Domestic Troop Travel:Name of Trained adult attending: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐				
☐ International Troop Travel: Name of Trained adult attending:				Date:
☐ Lifeguard:		ding:		
☐ Other Specialty		Certificate Exp:		
Specialty:				
☐ Attach list of supe	rvising adults (SUM to verify for n	nembership, live scan, & manda	ted reporter training)	
☐ I have reviewed G	irl Scout procedures for this a	ctivity and agree to comply v	with GSGLA Volunte	er Essentials and
Safety Activity Check	•	, , ,		
	Signature of Leader	or Adult in charge during Activity	У	Date
Signature of SUM or De				 e Approved/Reviewed
Parent/	Caregiver, please complete	, sign and return this bott	om portion only to	Leader
Activity description:				
			- pate with this Troop/G	roup in the above
activity on this date an		nas my permission to particip	sate with this froop, o	roup in the above
•	n be reached at: Phone:	Δltern	ate Phone	
	tact person (If I cannot be reache			
	tact person (ii i cannot be reache			
	propriate behavior with my daugh			
Signature of Parent/Ca	regiver			 Date
Sibilatare of Falenty Ca				Date

www.girlscoutsla.org

8/2024