



Parental Permission Multiple Activity Form

This form is required for any activity outside of the normal meeting site/time. This form is also mandatory whenever an activity involves a sensitive issue or high adventure activity, including activities occurring during troop meetings. Parents/guardians are required to complete this form for their child to participate in the activities stated on the form. Completed forms are to be returned and retained by the troop leader for three years.

Note: All activities must be conducted in accordance with the Girl Scouts of the USA and the Girl Scouts of Greater Chicago and Northwest Indiana’s policies, standards, and guidelines regarding safety and adult supervision.

The following statements apply to ALL of the activities on this form that you are giving your child to permission to participate in:

I understand that I am responsible for ensuring that my child is prepared to participate in activities as determined by the leader. This may include, but is not limited to, payment of fees and attending any preparation meetings. I also understand that I am responsible for ensuring that my child behaves appropriately during these activities. I further understand that, if in the opinion of the leader or adult-in-charge, my child is not behaving appropriately, I may be asked to pick-up my child early from an activity at my own expense, and that it is at the leader’s discretion whether or not to refund any fees that I’ve paid for the activity: **Yes** **No**

I understand that my child may not participate in an activity if she appears to be ill. I further understand that if my child appears to be ill when she arrives at an activity or becomes ill during the activity, I will be asked to pick-up my child early from the activity at my own expense, and that it is at the leader’s discretion whether or not to refund any fees that I’ve paid for the activity: **Yes** **No**

I understand that I must provide written permission for the first-aid-er to witness any medication that my child may need. I understand that this written permission must include the name of the medication, the dosage, times and dates to be administered, and the reason for the medication. I understand that I must sign and date this written permission and give it to the first-aid-er, along with the medication which must be in the original container: **Yes** **No**

When participating in Girl Scout activities, my child may be photographed for print, videotaped, or electronically imaged. Images may be used in promotional materials, news releases, and other published formats for either the local Girl Scout Council or Girl Scouts of the USA. The images will be the sole property of either the local Girl Scout Council or Girl Scouts of the USA: **Yes** **No**

For High Adventure Activities Only: I understand that during high adventure activities, my child will be exposed to an above normal risk of injury. I understand that I am responsible for communicating to the leader and adult-in-charge about any needs that my child may have in regards to these activities. I sustain to the best of my knowledge that my child has the maturity, required skills, and physical ability to participate in these activities: **Yes** **No**

For Sensitive Issue Activities Only: I understand that during sensitive issues activities, my child will be exposed to issues and discussions that are, or could be, considered to be of a sensitive or controversial nature. I understand that I am responsible for communicating to the leader and adult-in-charge about any needs that my child may have in regards to these activities. I am confident of her maturity and ability to participate: **Yes** **No**

State which of the activities on this form you are giving your child permission to participate in. Your child will NOT be able to participate in any activities that you do not list here:

Activity: _____

Activity: _____

Activity: _____

My child is a registered Girl Scout and I give her permission to participate in the activity or activities that I have listed above: **Yes** **No**

Parent/Guardian Signature: _____ **Date:** _____

ACTIVITY INFORMATION (To Be Completed By the Troop/Group Leader)

ACTIVITY #1

Activity Type: ___ Day Trip ___ Overnight ___ High Adventure ___ Sensitive Issue

Description of Activity: _____ Activity Cost: _____

Transportation: _____

Activity Start and End Date(s): _____

Activity Location: _____

Departure Time and Location: _____

Return Time and Location: _____

Additional Information: _____

TROOP LEADERSHIP DURING ACTIVITIES

Leader: _____ Adult-In-Charge: _____ Emergency Contact: _____

Phone 1: _____ Phone 1: _____ Phone 1: _____

Phone 2: _____ Phone 2: _____ Phone 2: _____

E-mail: _____ E-mail: _____ E-mail: _____

Please list any additional adults who may be providing leadership during any of the above activities:

Name: _____ Leadership role: _____

Phone number: _____ Email address: _____

PARENT/GUARDIAN PERMISSION STATEMENT (To Be Completed By the Parent/Guardian)

Name of Child: _____

CONTACT INFORMATION DURING ACTIVITIES

Parent/Guardian: _____ Parent/Guardian: _____ Emergency Contact: _____

Phone 1: _____ Phone 1: _____ Phone 1: _____

Phone 2: _____ Phone 2: _____ Phone 2: _____

E-mail: _____ E-mail: _____ E-mail: _____

ACTIVITY #2

Activity Type: ___ Day Trip ___ Overnight ___ High Adventure ___ Sensitive Issue

Description of Activity: _____ Activity Cost: _____

Transportation: _____

Activity Start and End Date(s): _____

Activity Location: _____

Departure Time and Location: _____

Return Time and Location: _____

Additional Information: _____

TROOP LEADERSHIP DURING ACTIVITIES

Leader: _____ Adult-In-Charge: _____ Emergency Contact: _____

Phone 1: _____ Phone 1: _____ Phone 1: _____

Phone 2: _____ Phone 2: _____ Phone 2: _____

E-mail: _____ E-mail: _____ E-mail: _____

Please list any additional adults who may be providing leadership during any of the above activities:

Name: _____ Leadership role: _____

Phone number: _____ Email address: _____

PARENT/GUARDIAN PERMISSION STATEMENT (To Be Completed By the Parent/Guardian)

Name of Child: _____

CONTACT INFORMATION DURING ACTIVITIES

Parent/Guardian: _____ Parent/Guardian: _____ Emergency Contact: _____

Phone 1: _____ Phone 1: _____ Phone 1: _____

Phone 2: _____ Phone 2: _____ Phone 2: _____

E-mail: _____ E-mail: _____ E-mail: _____

ACTIVITY #3

Activity Type: ___ Day Trip ___ Overnight ___ High Adventure ___ Sensitive Issue

Description of Activity: _____ Activity Cost: _____

Transportation: _____

Activity Start and End Date(s): _____

Activity Location: _____

Departure Time and Location: _____

Return Time and Location: _____

Additional Information: _____

TROOP LEADERSHIP DURING ACTIVITIES

Leader: _____ Adult-In-Charge: _____ Emergency Contact: _____

Phone 1: _____ Phone 1: _____ Phone 1: _____

Phone 2: _____ Phone 2: _____ Phone 2: _____

E-mail: _____ E-mail: _____ E-mail: _____

Please list any additional adults who may be providing leadership during any of the above activities:

Name: _____ Leadership role: _____

Phone number: _____ Email address: _____

PARENT/GUARDIAN PERMISSION STATEMENT (To Be Completed By the Parent/Guardian)

Name of Child: _____

CONTACT INFORMATION DURING ACTIVITIES

Parent/Guardian: _____ Parent/Guardian: _____ Emergency Contact: _____

Phone 1: _____ Phone 1: _____ Phone 1: _____

Phone 2: _____ Phone 2: _____ Phone 2: _____

E-mail: _____ E-mail: _____ E-mail: _____