



## Girl Scouts Heart of the South Activity Permission Form

I, as the custodial parent/legal guardian of \_\_\_\_\_ understand that throughout the year my child will be participating in Girl Scout activities as planned by Troop/Group \_\_\_\_\_ appropriate to her experience, interest, age, and skill level under the guidance of Safety Activity Checkpoints. These activities may include, but are not limited to: troop/group meetings, ceremonies, field trips/outings, sports, hikes/walks, service projects, community events, encampments, sleepovers, camping, and/or council-sponsored events. Activities may also include but are not limited to higher risk activities such as swimming, canoeing, sailing, roller skating, caving, rappelling, rock climbing, and whitewater rafting. She has my permission to participate in all activities, except as noted here (list restrictions on her activities): \_\_\_\_\_

**Initial each statement:**

\_\_\_ My child is developmentally ready, both physically and emotionally, and possesses the necessary skills to safely participate in all activities. She is in good physical condition and has not had any serious illnesses or surgery since her last health examination.

\_\_\_ My child's medical information and health history is current and on file with the troop/group leader. I will immediately submit any updated medical information to the troop/group leader.

\_\_\_ I understand that medication needing to be dispensed to my child must be given to the adult in charge along with written instructions on dosage, when, and how often. I will keep my child home if she is not feeling well and will immediately notify the troop/group leader.

\_\_\_ My daughter and I have discussed the importance of following safety guidelines and agree to abide by any and all safety procedures/instructions provided. I understand that following safety guidelines will reduce the likelihood of an accident but does not eliminate the risk.

\_\_\_ I understand the troop/group leader/advisor will expect to be able to reach me at the location/phone numbers(s) specified on this form and that I will be available to be contacted. If any changes should occur to my contact information, it is my responsibility to immediately submit my updated contact information to the troop/group leader.

\_\_\_ I give consent for my child to travel to and from these events/activities in transportation provided by adult troop/group volunteer drivers or in borrowed, leased, or rented forms of transportation.

\_\_\_ I understand that communication regarding trips/activities may be via e-mail, telephone, mail, personal contact or as determined by the troop/group.

\_\_\_ I agree to hold the above named troop/group, its leaders, Girl Scouts of the USA and Girl Scouts Heart of the South harmless for any accidents/incidents that may occur during troop meetings, outings, travel, events, trips, or activities.

Girl Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

For all trips, outings, or events, the troop /group leader/advisor will notify me of the following (if applicable):

Event/Activity Location	Place/Time of Departure	Place/Time of Return	Mode of Transportation	Equipment/Clothing Needed
Amount of Money Needed	Troop First Aider	Back Home Emergency Contact Person	Adult Chaperones	Adult Drivers

Parent/Guardian Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Troop/Group Leader Signature: \_\_\_\_\_ Date: \_\_\_\_\_