

Girl Scouts of the Missouri Heartland, Inc. **Parent/Guardian Permission Slip**

For troop use only. Please do not submit this form with GSMH program/event registration forms.

Activity information

This section is to be completed by the troop leader before distribution to troop families.

| General Information (for parent/guardian to post at home) | | | Activity Information |
|------------------------------------------------------------------------------------------------------------------------------|----------------|--------|---------------------------------------------------------|
| Troop/Group: | Activity Date: | to | Detailed Description of Activity: |
| Activity: | | | |
| Activity Location: | | | |
| Departure Time: | Place: | | - |
| Return Time: | Place: | | |
| Mode of Transportation: _ | | Cost: | |
| Each girl should bring: | | | |
| Leader: | | Phone: | |
| Emergency Contact: | | Phone: | arise during the course of this activity/event/program. |
| (in case of emergency, leader will notify the troop/group emergency contact person, who will immediately notify the parents) | | | Please check all that apply: ☐ This is a Day Trip. |
| Please complete the form below and return by: | | | ☐ This is an Overnight activity. |

This section is to be completed by the parent/guardian and returned by the date listed above.

| General Information | Waiver/Release – read carefully | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| I am the parent/guardian of: | I, the undersigned parent/legal guardian of ("child"), authorize said child's participation in the Girl Scout program ("the | | |
| I have read the description of the activity planned for: | | | |
| I/my child will pay the fee of (or request financial assistance): | cooperate with all the regulations. The facilitator has | | |
| I will be responsible for ensuring that my child brings the required equip attends only if in good physical condition and has had no serious illn operation since her last health exam. | I the event of an accident of sickless, to administer any | | |
| Anything else council needs to know: | counter medicines as needed (such as Tylenol). I give | | |
| I give special permission and/or instructions for the following medicat | pictures, slides, and/or audio-video tapes of my child | | |
| (This medicine will be properly labeled and given to the adult First-Aider.) | taken while she is involved in activities for council publicity and public relations purposes. I recognize and acknowledge that there are certain risks of physical | | |
| Phone numbers at which we can be reached during activity: | injury to my child in the program. I, my child, and my insurer, hereby release, waive, relinquish, and | | |
| Mother/guardian: Phone: | und uny und un directore, empleyees, | | |
| Father/guardian: Phone: | agents, and/or volunteers from any and all claims, demands, action, or causes of action whatsoever, | | |
| Emergency contact: Phone: | arising out of or related to any loss, damage, or injury, including death, that may be sustained by my | | |
| In case of emergency, I understand that every effort will be made me. In the event that I, or my emergency contact, cannot be reached | to contact child as a result of my child's participation in the program, whether caused by negligence (including, but not limited to, negligence by any person acting | | |
| I give permission for the council representative to seek emergen medical treatment. | otherwise. I further acknowledge that I understand | | |
| I do not give permission for the council representative to seek medical treatment. | that this is a full release and that I have voluntarily waived my rights and those of my child and insurer. | | |
| Signature Date | Name (printed) Signature Date | | |
| | | | |

Girl Scouts of the Missouri Heartland, Inc.

T 877-312-4764 ● F 417-862-4120 ● www.girlscoutsmoheartland.org ● gscouts@girlscoutsmoheartland.org

