



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

Girl Scouts.

Activity Information

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

General Information (for parent/guardian to post at home)	Please check all that apply:
Troop/Group: _____ Activity Date: _____ to _____ Activity: _____ Activity Location: _____ Departure Time: _____ Place: _____ Return Time: _____ Place: _____ Mode of Transportation: _____ Cost: _____ Each girl should bring: _____ _____ Leader: _____ Phone: _____ Emergency Contact: _____ Phone: _____ <i>(in case of emergency, leader will notify the troop/group emergency contact person, who will immediately notify the parents)</i> Please complete the form below and return by: _____	<input type="checkbox"/> This is a Day Trip. <input type="checkbox"/> This is an Overnight activity. <input type="checkbox"/> This is a High Adventure activity. For programs that include ice-skating, roller-skating, horseback riding, white water rafting, canoeing, caving, rock climbing, rappelling, swimming, or other physically strenuous or hazardous activities, parent or guardian should recognize that these activities can be dangerous and that sometimes serious injuries may occur. <input type="checkbox"/> This is a Sensitive Issue activity. Please discuss this activity with your child. Attendance is optional for all or part of the activity. However, it is the parent or child's responsibility to communicate to the leader your needs prior to the activity date.

Parent/Guardian Permission

To be completed by parent/guardian and returned by the date listed in top section.

General Information <i>Please fill out and return to troop leader.</i>	If this is a high adventure and/or sensitive issue activity, please initial and date in appropriate box below.
I am the parent/guardian of: _____ I have read the description of the activity planned for: _____ I/my child will pay the fee of (or request financial assistance): _____ <i>I will be responsible for ensuring that my child brings the required equipment and attends only if in good physical condition and has had no serious illness or operation since her last health exam.</i> Anything else council needs to know: _____ I give special permission and/or instructions for the following medication(s): _____ <i>(This medicine will be properly labeled and given to the adult First-Aider.)</i> <u>Phone numbers at which we can be reached during activity:</u> Mother/guardian: _____ Phone: _____ Father/guardian: _____ Phone: _____ Emergency contact: _____ Phone: _____ In case of emergency, I understand that every effort will be made to contact a parent/guardian. In the event that I, or my emergency contact, cannot be reached: <input type="checkbox"/> I give permission for the council representative to seek emergency medical treatment. <input type="checkbox"/> I do not give permission for the council representative to seek medical treatment. <i>By signing below, we agree to not hold the event staff of Girl Scouts of the Missouri Heartland, Inc. responsible in case of an accident. We understand that the event staff will do all that they can to prevent accidents and will act responsibly if one should occur.</i> I give my permission for my child to participate. <input type="checkbox"/> YES <input type="checkbox"/> NO Signature _____ Date _____	 <u>For High Adventure Activities</u> I have read the attached description of the activity planned and I understand that my child will be exposed to an above-normal risk of injury. I sustain that, to the best of my knowledge, my child has the maturity, required skills and physical ability to participate in the activity described above. Initials _____ Date _____ <u>For Sensitive Issue Activities</u> I have read the attached description of the activity planned. I understand that my child will be exposed to issues and discussions that are, or could be, considered to be of a sensitive or controversial nature. I have discussed this activity with my child and am confident of her maturity/ability to participate. Initials _____ Date _____ <u>For Photographs</u> I give permission for my child to be photographed and allow Girl Scouts of the Missouri Heartland, Inc. to utilize these pictures for publicity purposes. <input type="checkbox"/> YES <input type="checkbox"/> NO Initials _____ Date _____ Note: All activities will be conducted in accordance with Girl Scout policies, standards, and guidelines regarding safety and adult supervision.

