girl scouts

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 _____ Activity: _____ Activity Location: Hawn State Park Departure Time: _____ Place: _____ Return Time: _____ Place: _____ Mode of Transportation: N/A Cost: already paid Each girl should bring: _____ _____ Leader: _____ Phone: _____ Emergency Contact: _____ Phone: _____ *(in case of emergency, leader will notify the troop/group emergency contact person, who will immediately notify the parents)* Please complete the form below and return by: _____	Detailed Description of Activity: _____ _____ _____ _____ _____ _____ _____ _____ and including all other activities that may arise during the course of this activity/event/program. *Please check all that apply:* ☐ This is a Day Trip. ■ This is an Overnight activity.

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Parent/Guardian Permission

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 have read the description of the activity planned for: _____ I/my child will pay the fee of (or request financial assistance): _____ *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.* Anything else council needs to know: _____ I give special permission and/or instructions for the following medication(s): _____ *(This medicine will be properly labeled and given to the adult First-Aider.)* <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 me. In the event that I, or my emergency contact, cannot be reached: ☐ I give permission for the council representative to seek emergency medical treatment. ☐ I do not give permission for the council representative to seek medical treatment. Signature _____ Date _____	I, the undersigned parent/legal guardian of _____ ("child"), authorize said child's participation in the Girl Scout program ("the program") and all related activities, including horseback riding, archery, ropes, and water sports. I have read the program information and I understand it and agree to cooperate with all the regulations. The facilitator has permission to seek medical attention for my daughter in the event of an accident or sickness, to administer any prescription drug sent to this program with my daughter or any medication prescribed in the event of an accident or illness, and to administer any non-allergic over-the-counter medicines as needed (such as Tylenol). I give permission for travel which is part of the program. Girl Scouts of the Missouri Heartland has permission to use pictures, slides, and/or audio-video tapes of my child 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 injury to my child in the program. I, my child, and my insurer, hereby release, waive, relinquish, and discharge Girl Scouts of the Missouri Heartland, Inc. and any and all directors, officers, employees, agents, and/or volunteers from any and all claims, demands, action, or causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by my 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 on behalf of Girl Scouts of the Missouri Heartland, Inc., negligent training, or negligent supervision) or otherwise. I further acknowledge that I understand that this is a full release and that I have voluntarily waived my rights and those of my child and insurer.** Name (printed) _____ Signature _____ Date _____

Girl Scouts of the Missouri Heartland, Inc.
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United Way