



Parent/Guardian Permission Form for Single or Multiple Day Trips
KEEP THIS PAGE AT HOME

TRIP INFORMATION (To Be Completed by the Troop Leader or Co-Leader)

TRIP #1 – Name / Description of Trip

Date: _____ Trip Location: _____

Cost: _____ Transportation: _____

Departure Time and Location _____ Return Time and Location _____

Additional Information: _____

TRIP #2 – Name / Description of Trip

Date: _____ Trip Location: _____

Cost: _____ Transportation: _____

Departure Time and Location _____ Return Time and Location _____

Additional Information: _____

TRIP #3 – Name / Description of Trip

Date: _____ Trip Location: _____

Cost: _____ Transportation: _____

Departure Time and Location _____ Return Time and Location _____

Additional Information: _____

In case of emergency the following person, not travelling with the Troop, will know how to reach us:

Name _____ Phone _____

Leader attending the activity Name _____ Phone _____

RETURN THIS PAGE TO TROOP LEADER

I give permission for (Girl's Name): _____ to participate in the following Trips:

Trip #1 _____
Date _____ name of trip _____

Trip #2 _____
Date _____ name of trip _____

Trip #3 _____
Date _____ name of trip _____

In case of illness or injury, the adult in charge will make every effort to contact me, or the emergency adult listed below. **If I cannot be reached**, you have my permission to take my child to a doctor or hospital by whatever means of transportation is available. I hereby authorize the doctor or hospital to administer whatever emergency medical treatment is, in the opinion of the doctor, needed.

Please print name and telephone number:

Parent/Guardian _____ Telephone _____

Emergency Adult _____ Telephone _____

Child's Physician _____ Telephone _____

- I shall allow her to attend only if she is in good physical condition at the time of her departure. I shall be responsible for meeting her on time at the place of return.
- Is there any significant medical condition, health issue or allergy that approved adults should be aware of?
- If yes, please explain _____
- I understand that I must provide written permission for any medication that my child may need to self-administer. It must be in the original container and must include the name of the medication, dosage and times that it should be administered. This medication will be held by the Troop Leader or Co-Leader on this trip.

MEDIA RELEASE: When participating in Girl Scout activities participants may be interviewed, photographed, videotaped, or electronically imaged for the purpose of promotional materials, news releases, or other published formats for either the local Girl Scout Councils or Girl Scouts of the USA. The images will be the sole property of the GSNC or Girl Scouts of the USA.

I hereby release and hold harmless GSNC and Girl Scouts of the USA from any claim arising from the use of these images:

I DO give permission for the registrant to be photographed, videotaped or otherwise electronically imaged for use by GSNC or GSUSA.

I DO NOT give permission for the registrant to be photographed, videotaped or otherwise electronically imaged.

Leaders, parents, or girls are not permitted to post photos that will be shared on social media or any other type of media platform. Photos can be sent to customer care@gsnc.org for possible post on GSNC or GSUSA media platforms.

Parent / Guardian Signature _____ Date _____