

PARENTAL PERMISSION

Leader, please check all that apply:

☐ Day Trip
 ☐ Overnight
 ☐ High Adventure
 ☐ Sensitive Issue

General Information	For High Adventure Activities
Troop/Group _____ Activity Date _____ to _____	<input type="checkbox"/> if 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 some times serious injuries may occur. <u>For Sensitive Issue Activities</u> <input type="checkbox"/> if 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.
Activity _____	
Activity Location _____	
Departure time _____ Place _____	
Return time _____ Place _____	
Transportation _____ Cost _____	
Each child should _____	
Leader _____ Phone _____	
Adults attending _____ Phone _____	
Emergency contact _____ Phone _____	
Please complete the form below and return by _____	

Note: All activities will be conducted in accordance with Girl Scout of the United States of America and Girl Scout Council of the Nation's Capital policies, standards, and guidelines regarding safety and adult supervision.

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General Information	For High Adventure Activities
I am the parent/guardian of _____	*Parent/guardian: If this is a high adventure or sensitive issue activity, please initial and date in appropriate box. I have read the attached description of the activity planned and I understand that my child will be exposed to 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. *Initial _____ 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/his maturity/ability to participate. *Initial _____ Date _____ <u>For Photographs</u> I give my permission for my child to be photographed and allow GSCNC to release said pictures for publicity purposes. <input type="checkbox"/> Yes <input type="checkbox"/> No
I have read the description of the activity planned for _____ date _____	
My child will pay the fee of _____	
I will be responsible for ensuring that my child brings the required equipment and attends only if in good physical condition.	
I give special permission and/or instructions for the following medication _____	
_____ This medicine will be properly labeled and given to the adult First Aider.	
Parent 1/guardian _____ Phone _____	
Parent 2 /guardian _____ Phone _____	
Emergency contact _____ Phone _____	
My daughter is a registered Girl Scout and I <input type="checkbox"/> Yes <input type="checkbox"/> No give my permission for her to participate	
Signature _____ Date _____	