

GSGLA PARENT PERMISSION FORM

www.girlscoutsLA.org
EMERGENCY: (877) 423-4752

This form is REQUIRED for EVERY activity or trip, for EACH girl, whether parents attend or not.

TOP portion is for parent information to keep. BOTTOM portion to be returned signed to Leader.

☐ Troop Meetings (One form yearly) ☐ Produ	_		•		
☐Troop/Group Activity other than regular meet	_	· -	_		·
troop/group meetings at a different location bu	t at the same time	e, advance writte	n parent no	otification ONLY	is required;
permission form is not needed.					
☐ Overnight Activities (SUM or designee approx	al required 4 wee	eks prior to activi	ties)		
☐ Extended/International Travel (attach require	ed forms)				
,	Activity In	formation			
Date: Time: A			train atalı		
Date: Time: N					
Destination Address:	·	City:		State:	Zip:
Drop Off Location: T	ime:	Pick up Location	1:		rime:
Activity Description:					
Troop/Group Pays: Family Pays: _	Purpo	ose of Fee:			
Please Bring:					
<u>Tr</u>	oop Informa	<u>ition Require</u>	<u>ed</u>		
Troop/Group #: Level(s): □ D □	B DJ DC D	S A Service	Unit:		
· · · · · · · · · · · · · · · · · · ·					
Name of Leader or Adult in charge		Phone	E-ma	ail Address	
Name of second Adult in charge		Phone	E-m	ail Address	
Emergency Contact Person for this activity (Adult	who is not attend	ling event/activity	y)	Emer	gency Contact Phone
Name of Certified First Aid/CPR/AED trained Adu	It (attending)			Certific	ation Expiration Date
Check ONLY requirements needed for	this activity:	GS training (Pl	ease indic	cate date traii	ning was taken)
☐ Indoor Overnight: Name of Trained adult					_
☐ Camping Skills: Name of Trained adult					
□ Domestic Troop Travel:Name of Trained adult					
☐ International Travel: Name of Trained adult					
Other special adult training or certification need					
Specialty: Name of Certified		•		Cortific	ato Evn :
☐ Additional Insurance Obtained ☐ The Leade					
☐ I have reviewed Girl Scout procedures for	r this activity an	a agree to comp	piy with G	SGLA VOIUNTEE	r Essentials and
Safety Activity Checkpoints					
Signature of L	eader or Adult in	charge during Act	tivity		Date
Signature of SUM or Designee (required for Over			0 - 0 -		Approved/Reviewed
× × × × × ×	× × ×	< × × ;	××	× × ×	× ×
Parent/guardian, please comp	lete, sign and	d return this	bottom	portion on	ly to Leader
Activity description:	_			-	
☐ My child has m	v permission to p	articipate with thi	is Troop/Gr	oup in the above	activity on this date
and time. During the activity, I can be reached at	: Phone:		Alternate	Phone:	,
Name of alternate contact person (If I cannot be	reached)	P	hone	Alterna	te Phone
☐ My daughter cannot participate in:	, , , , , , , , , , , , , , , , , , , ,				
☐ My child is in good health. If she has a known of	complicating med	ical problem or ho	as had an oi	 peration serious	illness or convulsive
disorder since her last health examination, I unde					
daughter to participate in water sports, horsebac					
☐ I have discussed appropriate behavior with my				-	
= Thave discussed appropriate behavior with my	, adugniter. Also, I	will make sure sil	ic does not	participate ii ii0	recinig well.
Signature of Parent/Guardian					Date