

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)		= :		cation recommen	adad) Far
□Troop/Group Activity other than regular	_	•	_		•
troop/group meetings at a different locati	on but at the same	e time, advance writi	ten parent no	otification <u>ONLY</u>	is requirea;
permission form is not needed.					
Overnight Activities (SUM or designee a		4 weeks prior to acti	vities)		
■ Extended/International Travel (attach r	equired forms)				
	<u>Activit</u>	y Information			
Date: Time:	Mode of trans	sportation (walk, van	, train, etc.):		
Destination Address:		City:	-	State:	Zip:
Destination Address:Drop Off Location:	Time:	Pick up Location	 on:		Time:
Activity Description:		<u> </u>			
Troop/Group Pays: Family Pa	ays:	Purpose of Fee:			
Please Bring:					
-		rmation Requi	red		
Troop/Group #: Level(s):					
1100p/G10up # Level(s).		C US UA Servi	ce onic		
Name of Leader or Adult in charge		Phone	 E-m	ail Address	
Name of second Adult in charge		Phone	E-m	nail Address	
Emergency Contact Person for this activity	(Adult who is not a	ttending event/activ	ity)	Emer	gency Contact Phone
Name of Certified First Aid/CPR/AED traine	d Adult (attending)	<u> </u>		Certific	cation Expiration Date
			Nagaa indi.		
Check ONLY requirements neede					
☐ Indoor Overnight: Name of Trained	adult attending: _				Date:
☐ Camping Skills: Name of Trained	aduit attending: _				Date:
□ Domestic Troop Travel:Name of Trained					
☐ International Travel: Name of Trained					Date:
Other special adult training or certification					
Specialty: Name of Cer	•				
☐ Additional Insurance Obtained ☐ The I					•
■ I have reviewed Girl Scout procedur	es for this activit	y and agree to con	nply with <i>G</i> :	SGLA Voluntee	r Essentials and
Safety Activity Checkpoints					
Signatu	ult in charge during A	ctivity		Date	
Signature of SUM or Designee (required for					Approved/Reviewed
\times \times \times \times \times	: × × ×	× × ×	× ×	× × ×	× ×
Parent/guardian, please co	omplete, sign	and return thi	s bottom	portion on	ly to Leader
Activity description:					
☐ My child	has my permission	to participate with t	his Troop/Gr	oup in the above	e activity on this date
and time. During the activity, I can be reac					
Name of alternate contact person (If I cann	ot be reached)		Phone	Alterna	te Phone
■ My daughter cannot participate in:			-		-
■ My child is in good health. If she has a kr		medical problem or l	 has had an ดเ	 peration. serious	illness, or convulsive
disorder since her last health examination,			-	•	•
daughter to participate in water sports, hor		•			
☐ I have discussed appropriate behavior w	_			-	
	,	,			
Signature of Parent/Guardian					Date