

Permission Slip

Must be completed **anytime** your troop goes **anywhere** away from their usual meeting place.

Additional permission may be required for the following trips: Over 100 miles away, high risk or staying more than one night.

Return the bottom portion of this form to Leader by (date): _____

Troop #: _____ is planning a: _____

Location and Address: _____ Date and Time: _____

Day Trip *Sensitive Issue *Additional Forms Needed for the Following:* * High Risk Overnight Trip

Adults Accompanying and Emergency Contact Number:

Name: _____ Phone: _____

Name: _____ Phone: _____

Each Girl Will Need:

Expenses \$: _____ Equipment: _____

My girl, (name): _____ on (today's date) _____ is in good physical health and does not have any serious illness or has not recently had an operation. Her updated health form is in the leader's possession or is being returned with this form with information updated (as needed) and signed on the back.

Caregiver Name:	Phone # 1:	Phone #2:	Address	City	Zip code
Secondary Contact:	Phone #1:	Phone #2:	Address	City	Zip Code

I give permission for my girl to attend the above outings with her Girl Scout Troop and will read and initial the understanding of the statements below.

- *I accept responsibility for the transportation of my girl to and from any Girl Scout activity and recognize that transportation to and from Girl Scout events is not the responsibility of Girl Scouts of Western Ohio. If applicable, my girl has permission to be transported by approved Girl Scouts of Western Ohio volunteers, who will follow the Girl Scouts of Western Ohio transportation policy.*
- *I understand that my girl will not be released to any person other than the above named or myself. I understand that, for my girl's protection, all persons will be asked for identification. Persons named above should be prepared to provide identification to the satisfaction of the leaders in charge (i.e. current driver's license with photo identification).*
- *I understand that my girl may not participate in an activity if she appears to be ill. I further understand that if my girl appears to be ill when she arrives at an activity or become ill during the activity, I will be asked to pick-up my girl early from the activity at my own expense, and that it is at the leader's discretion whether or not to refund any fees that I've paid for the activity.*
- ***Sensitive Issues Only-** *I understand Girl Scouts welcomes and serves girls and families from a wide spectrum of faiths and cultures. Girls may wish to participate in discussions or activities that could be considered sensitive—even for some. Caregivers may have opinions or input about how, and whether, Girl Scouts should cover these topics with their girls. Such sensitive topics could include bullying, peer pressure, dating, athletic and academic performance, and more and I will allow my girl to participate in this activity.*
- ***High Risk Only-** *I have completed and included the additional form needed for my girl to participate in the High Risk activity.*
- *I acknowledge that COVID-19 is an extremely contagious virus that spreads easily in the community. I agree to adhere to Girl Scouts of Western Ohio and state and local guidelines and mandates. I will take all reasonable precautions to limit potential exposure for girls, volunteers, and families, based on Girl Scouts of Western Ohio and state guidelines. I will hold Girl Scouts of Western Ohio harmless and waive all right to legal action, if my daughter contracts COVID through exposure at a girl Scout event.*

Print Caregiver's Name _____

Signature of Caregiver _____

Date _____