

TO BE COMPLETED BY THE LEADER

Troop/Group # _____ is planning a _____ on _____
at _____ AM PM to _____ AM PM located at _____.

Our mode of transportation will be _____ departing from _____
at _____ AM PM and returning to _____ at _____ AM PM. The leaders
and/or adults accompanying the girls will be _____.

The cost for each girl/adult will be \$_____ which will be used for _____.
Each girl/adult will need (equipment and/or clothing) for which she is responsible. (see attached)

In case of emergency, the leader will contact _____ at _____ who will notify parents.

This event will or may involve unusual risk. YES NO *If yes, list* _____

Leader's Signature Date

TO BE COMPLETED BY PARENT/GUARDIAN

Child Name _____

- The child has no special needs and will not need any medications, treatments, special foods or care during this event.
- The child needs or may need any of the following medicines, treatments, food or care during this event.

I understand that I am responsible for ensuring that my child is prepared to participate in each activity as determined by the leader. This may include, but is not limited to, payment of fees and attending any preparation meetings. I also understand that I am responsible for ensuring that my child behaves appropriately during this activity. I further understand that, if in the opinion of the leader or adult-in-charge, my child is not behaving appropriately, I may be asked to pick-up my child 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 this activity: YES NO

I understand that my child may not participate in this activity if she appears to be ill. I further understand that if my child appears to be ill when she arrives at the activity or become ill during the activity, I will be asked to pick-up my child 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 this activity: YES NO

I understand I must provide written permission for the first-aiders to witness any medication that my child may need. I understand this written permission must include the name of the medication, the dosage, times and dates to be administered, and the reason for the medication. I understand that I must sign and date this written permission and give it to the first-aiders, along with the medication which must be in the original container: YES NO

When participating in Girl Scout activities, my child may be photographed for print, videotaped, or electronically imaged. Images may be used in promotional materials, news releases, and other published formats for either the local Girl Scout Council or Girl Scouts of the USA. The images will be the sole property of either the local Girl Scout Council or Girl Scouts of the USA: YES NO

FOR HIGH ADVENTURE ACTIVITIES ONLY: I understand that during this activity, my child will be exposed to an above normal risk of injury. I understand that I am responsible for communicating to the leader and adult-in-charge about any needs that my child may have in regards to this activity. I sustain to the best of my knowledge that my child has the maturity, required skills, and physical ability to participate in this activity: YES NO

COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. As with any social activity, participation in Girl Scouts could present the risk of contracting COVID-19. While GSACPC attempts to take every safety and preventative precaution, GSACPC can in no way warrant that COVID-19 infection will not occur through participation in GSACPC programs.

Parent/Guardian Printed Name _____ Parent/Guardian Printed Name _____

Parent/Guardian Signature _____ Parent/Guardian Signature _____

Date _____ Phone _____ Date _____ Phone _____

Email _____ Email _____

If only one parent/guardian signs, signer represents that the consent of any other parent/guardian has been obtained and/or is not needed.