

Page 1: is completed by the troop leader to provide information to parents/guardians about the activity. This is to be kept by the parent/guardian. *Leader Tip: Complete page 1 once and make copies for the troop. Put n/a for items that do not apply.*

Page 2: is completed by the parent/guardian, indicating to the troop leader that the parent/guardian is knowledgeable about the activity and has given their approval. One permission form is needed for each girl. Parents are to sign and return page 2 to the troop leader by _____(date). Page 2 may also be used for permission to transport girls between locations for troop meetings (i.e. school to meeting, meeting to home).

Troop #:

Activity	
Date(s) of activity:	Location of activity:
Adult in charge:	Phone:

Overnights, campouts, and sleepovers require prior Council approval via the **Facility Usage Application** (council owned property) or **Travel Application** (non-council owned property). Leader obtained Council approval on _____(date).

Departure information	Return Information
Date: Time: Place:	Date: Time: Place:
Transportation will be by	Are tag-a-longs allowed to participate?
Automobile____ Bus____ Other_____	Yes____ No____
Additional Adults Accompanying Troop	
Name: Name: Name:	Phone: Phone: Phone:
Emergency Contact at Home (an adult that is not attending the activity, but will contact you in case of emergency)	
Name:	Phone:

Monies due to: _____ or Leader		
Cost of Activity	Cost Covers	Money Due By
Per Girl \$		
Per Adult \$		

Items to Bring

Page 2: is completed by the parent/guardian, indicating to the troop leader that the parent/guardian is knowledgeable about the activity and has given their approval. One permission form is needed for each girl. Parents are to sign and return page 2 to the troop leader by _____(date). Page 2 may also be used for permission to transport girls between locations for troop meetings (i.e. school to meeting, meeting to home).

Participant's Information			
Last, First, Middle Initial:		Date of Birth:	
Address:		City:	St: Zip:
Parent or Guardian:		Phone:	Alternate Phone:
Parent or Guardian:		Phone:	Alternate Phone:

The participant named above has permission to attend the activity of _____, as described on the first page, on the date of _____.

The participant named above is in good physical condition at present and has had no serious illness/operations since her last health exam. I shall make sure that she does not participate if she is not feeling well. I understand the cost if this activity will be \$ _____, due by _____ to _____.

During this activity, I (parent / guardian) may be reached at		
Phone:	Address:	
If I (parent / guardian) cannot be reached, the following person can be contacted in case of an emergency		
Emergency Contact:	Phone:	Address:

<p>CONSENT TO MEDICAL TREATMENT: I, _____, participant or parent/legal guardian of minor participant _____, do hereby consent to any hospital, medical, or surgical care and treatment, and the administration of anesthesia, determined by a qualified physician to be necessary for the welfare of myself or my child while said child is under the care, custody, and control of a Girl Scout adult, and I am not reasonably available by telephone to give consent. INITIAL HERE: _____</p> <p>HEALTH INFORMATION PRIVACY STATEMENT The Health History and Authorization Form is for health care concerns at Girl Scout activities. All records will be handled by troop volunteers or program staff whose job includes processing or using this information for the benefit of the participant. Necessary information may be shared with additional volunteers or program staff in order to provide adequate participant safety and health care during Girl Scout activities. This form may be retained by Council according to Kansas state law; access to the information will be limited, but copies may be requested from the event sponsor, by the participant, or their legal representatives. I have read the above procedures for handling the health and medical form and I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. INITIAL HERE: _____</p> <p>MEDIA PERMISSION: When participating in Girl Scout activities the participant or parent/guardian of minor participant gives consent to be interviewed, photographed, videotaped, or electronically imaged for the purposed of promotional materials, news releases, or other published formats for either the local Girl Scout Councils or Girl Scouts of the USA. I hereby release and hold harmless Girl Scouts of Kansas Heartland and Girl Scouts of the USA from any claim arising from the use of these images. INITIAL HERE: _____</p> <p>This Activity Permission Form is complete and accurate. The participant has permission to engage in the listed Girl Scout activities, except as noted.</p> <p>Signature of Participant or Parent/Guardian of Minor Participant: _____</p> <p>Date: _____</p>
