

Signature of Parent/Caregiver

Girl Scout Event Permission Slip

This form can be used in addition to the Girl Scout Troop Annual Permission Form whenever an activity is considered high adventure, will last more than 24 hours, or involves a sensitive issue.

It can also be used by service units or event coordinators for collecting permission for specific activities.

Name	of Girl Scout	Girl Scout Troop #	Name of Parent/Caregiver
Description	n of Activity:		_
Activity (Cost:	-	
Activity I	Date(s):	Activity Location:	
Departure	Time and Location:	Return Time an	d Location:
Additional	Information:		
es No	Permission for Trips & <i>A</i> indicated above.	activities: I give permission for my child to participate i	n the activity or activities that I have listed and
	Illness Acknowledgment: I understand that my child may not participate in an in-person activity if they appear to be ill or have been ill within the past 3 days, including a fever of 99.6*F or greater. I further understand that if my child appears to be ill when they arrive at an activity or become ill during the activity, I may be asked to pick up my child early from the activity. I understand that in-person Girl Scout activities may be impacted by the illness. I also understand that no list of restrictions, guidelines, or practices will 100% remove the risk of exposure to communicable illness and agree that my Girl Scout will comply with any and all protocols set by GSNETX or the inperson activity location to limit risk as much as possible.		
	Behavior Acknowledgment: I understand that all Girl Scouts are expected to follow the Girl Scout Promise & Law during activities. I understand that volunteers and Girl Scouts should work together to set age-appropriate and activity-specific behavior expectations and I will help to reinforce these with my Girl Scout. I understand that if my Girl Scout is unable or unwilling to follow these expectations, additional steps to ensure their safety and participation in the future may be required, such as a parent/caregiver or family attending Girl Scout activities.		
	Permission to Use Photographs: I consent that photographs, videos, and/or audio recordings of my Girl Scout may be used and shared for public relations and publicity purposes, including GSNETX publications, social media, and various forms of media. I understand that last name or other identifying information will not be used for publicity purposes.		
	Permission for Emergency Medical Treatment: I understand that in the event of an emergency, every effort will be made to contact a parent/caregiver or emergency contact. If no contact can be made, I hereby give authorization to Girl Scouts of Northeast Texas to seek treatment for my child and/or dependent minor by a licensed physician. I know of no reason(s) why my child may not participate in prescribed activities except as noted on the Health History Form. If permission for emergency medical treatment is not given, please prepare a signed statement providing the reason and alternate instructions and return it to troop leadership with this form.		
	supplement, or vitamin to supplement, or vitamin,	that my child may need. I understand that this written the dosage, times and dates to be administered, and th	ission for a First-Aider to administer any medication, in permission must include the name of the medication, he reason it is needed. I understand that I must sign and dication, supplement, or vitamin, which must be in the
	risk of injury. I understan may have in regards to th	ivities Only: I understand that during high adventure and that I am responsible for communicating to the leaderness activities. I sustain to the best of my knowledge that ese activities. I acknowledge that I can review high adventure of the state of the second	r and adult-in-charge about any needs that my child t my child has the maturity, required skills, and physical
	discussions that are, or co		

Date