



# 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 of Activity: \_\_\_\_\_

Activity Cost: \_\_\_\_\_

Activity Date(s): \_\_\_\_\_ Activity Location: \_\_\_\_\_

Departure Time and Location: \_\_\_\_\_ Return Time and Location: \_\_\_\_\_

Additional Information: \_\_\_\_\_

Yes No

**Permission for Trips & Activities:** I give permission for my child to participate in the activity or activities that I have listed and indicated above.

**Illness & COVID-19 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 held during the current membership year may be impacted by the COVID-19 pandemic and should all be held in accordance with current GSNETX COVID-19 protocols. I also understand that no list of restrictions, guidelines, or practices will 100% remove the risk of exposure to COVID-19 and agree that my Girl Scout will comply with any and all protocols set by GSNETX or the in-person 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.

**Permission for Medication:** I understand that I must provide written permission for a First-Aider to administer any medication, supplement, or vitamin that my child may need. I understand that this written permission must include the name of the medication, supplement, or vitamin, the dosage, times and dates to be administered, and the reason it is needed. I understand that I must sign and date this written permission and give it to the First-Aider, along with the medication, supplement, or vitamin, which must be in the original container.

**For High Adventure Activities Only:** I understand that during high adventure activities, 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 these activities. I sustain to the best of my knowledge that my child has the maturity, required skills, and physical ability to participate in these activities. I acknowledge that I can review high adventure guidelines in the GSNETX Safety Activity Checkpoints.

**For Sensitive Issue Activities Only:** I understand that during sensitive issues activities, my child will be exposed to issues and discussions that are, or could be, considered to be of a sensitive or controversial nature. 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 these activities. I am confident of my child's maturity and ability to participate.

Signature of Parent/Caregiver \_\_\_\_\_

Date \_\_\_\_\_