
To Be Completed by the Troop 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 Troop Leader and/or adults accompanying the Girl Scouts will be:

The cost for each Girl Scout/adult will be \$ _____ which will be used for _____
Each Girl Scout/adult may need (equipment and/or clothing) for which they are responsible. (more information may be attached)

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

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

Troop Leader's Signature

Date

To Be Completed by the Parent/Guardian:

Girl Scout Name _____

- ☐ The Girl Scout has no special needs and will not need any medications, treatments, special food, or care.
☐ The Girl Scout needs or may need any of the listed medicines, treatments, food, or care included on the
Troop Trip Treatment Permission Form.

I understand I am responsible for ensuring my Girl Scout is prepared to participate in each activity as determined by the Troop Leader. This may include, but is not limited to, payment of fees and attending any preparation meetings. I also understand I am responsible for ensuring my Girl Scout behaves appropriately during this activity. I further understand, if in the opinion of the Troop Leader or adult-in-charge, my Girl Scout is not behaving appropriately, I may be asked to pick-up them up early from the activity at my own expense, and it is at the Troop Leader's discretion whether to refund any fees I've paid for this activity: YES NO

I understand my Girl Scout may not participate in this activity if she appears to be ill, has an undiagnosed medical issue, has lice/nits, or has bed bugs on her clothing, bedding, at home, etc. I further understand if my Girl Scout appears to be ill when she arrives at the activity or becomes ill during the activity, I will be asked to pick-up them up early from the activity at my own expense, and it is at the Troop Leader's discretion whether to refund any fees that I've paid for this activity: YES NO

I understand communicable diseases, including COVID-19, have always presented risks for Girl Scout members to handle. While GSMISTS takes every safety and preventative precaution, GSMISTS can in no way warrant that spread of communicable disease infection will not occur through participation in GSMISTS programs: YES NO

I understand I must provide written permission to the Girl Scout First Aider on the Troop Trip Treatment Permission Form for any medication my Girl Scout may need. I understand this written permission must include the name of the medication, dosage, times and dates to be administered, and the reason for the medication. The medication must be in the original container and given to the Girl Scout First Aider. I hereby give authorization to GSMISTS to seek medical treatment for my Girl Scout by a licensed physician pursuant to the Michigan Child Care Licensing Act 116 of 1973. I also agree to be financially responsible for all expenses associated with providing medical care for my Girl Scout: YES NO

When participating in Girl Scout activities, my Girl Scout 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 during this trip/activity, my Girl Scout 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 Girl Scout may have in regard to this activity. I sustain to the best of my knowledge that my Girl Scout has the maturity, required skills, and physical ability to participate in this activity: ☐ YES ☐ NO

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.