



# Parent Permission Form For Girl to Attend Meetings/Activities in the Home

Please return this form to Troop Leader. Troop Leader keeps on file.

A signed girl permission slip is required for all meetings/activities in the home. Please keep the top portion of this form so you will have record of where we are and how you can reach us in the event of an emergency. If the bottom portion is not completed, signed, and returned prior to the date listed your Girl Scout will not be able to attend. Please return to Troop Leader by: \_\_\_\_\_

Troop # \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ to \_\_\_\_\_ Location: \_\_\_\_\_

In the case of an emergency, contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

This permission form is for  Regular Scheduled Meetings  One Time Activity/Overnight in Home  
Complete the following if for one time activity/overnight in home:

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

Cost for this activity: \$ \_\_\_\_\_ Items to Bring: \_\_\_\_\_

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 Girl Scouts of Michigan Shore to Shore (GSMISTS) takes every safety and preventative precaution, GSMISTS can in no way warrant that COVID-19 infection will not occur through participation in Girl Scout programs, events, activities, etc.  
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Girl Scout Name: \_\_\_\_\_ has my permission to participate in all events and activities at \_\_\_\_\_ with Troop # \_\_\_\_\_ on \_\_\_\_\_, between the hours of \_\_\_\_\_ and \_\_\_\_\_. I will not allow her to attend if I do not consider her to be in good physical condition or if she has been exposed to any contagious disease.

In the event of an emergency, every effort will be made to contact a parent/guardian or emergency contact. If no contact can be made, I hereby give authorization to Girl Scouts of Michigan Shore to Shore to seek treatment for my child and/or dependent minor by a licensed physician pursuant to the Michigan Child Care Licensing Act 116 of 1973, Section 14a.

I also understand that photographs, videos, or audio recordings may be taken which may include my Girl Scout. I hereby consent that Girl Scouts of Michigan Shore to Shore may use these photographs, videos, or audio recordings for the promotion of Girl Scouts.

I understand I am responsible for complying with the transportation arrangement noted above. If my Girl Scout is not picked up on time after the activity the troop leader will first attempt to contact me and then the emergency contact listed on this girl permission form. As a last resort, if none of the persons identified are available or willing to pick up my Girl Scout, I understand the troop leader may, at her/his discretion, contact the proper authorities for assistance in locating me.

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Phone Number