

Girl Permission Form

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

A signed girl permission slip is required for all activities outside of the normal troop meeting. 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 # | | Activity: | | | |
|--|---|--|--|--|--|
| Date: | Time: | to | Location: | | |
| Cost for this activity: | \$ | Item | is to Bring: | | |
| In the case of an eme | rgency, contact: | Name: | Phone: | | |
| Transportation: Drop | 0 Off: | | | _ | |
| | | Loc | ation | Time | |
| Pic | k Up: | | | | |
| social activity, partici Michigan Shore to Sh warrant that COVID-2 etc. | pation in Girl Sc ore (GSMISTS) t 19 infection will | virus that sprea outs could prese akes every safet not occur throug | nt the risk of contracting y and preventative preca | Time to-person contact. Aswith any COVID-19. While Girl Scouts of ation, GSMISTS can in no way out programs, events, activities, | |
| activities at | | | with Troop # | ssion to participate in all eventsand | |
| | | | I will not allow her to to any contagious disease | attend if I do not consider her to be e. | |
| In the event of an em | orgonau ouoru | ffort will be mad | le te contact a parent/que | ardian or amorgancy contact If | |

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 GSMISTS to seek treatment for mychild and/or dependent minor by a licensed physician pursuant to the Michigan Child Care LicensingAct 116 of 1973, Section 14a.

I also understand that during the course of this event photographs, videos, or audio recordings may betaken which may include my Girl Scout. I hereby consent that GSMISTS 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 myGirl 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