girl scouts
greater los angeles

GSGLA PARENT PERMISSION FORM

www.girlscoutsLA.org
EMERGENCY: (877) 423-4752

This form is REQUIRED for EVERY activity or trip, for EACH girl, whether parents attend or not.

TOP portion is for parent information to keep. BOTTOM portion to be returned signed to Leader.

❑ **Troop Meetings (One form yearly)** ❑ **Product Sales Boothing (One form yearly)**

❑**Troop/Group Activity** other than regular meeting time and location (SUM or designee notification recommended) **For troop/group meetings at a different location but at the same time, advance written parent notification ONLY is required; permission form is not needed.**

❑ **Overnight Activities (SUM or designee approval required 4 weeks prior to activities)**

❑ **Extended/International Travel (attach required forms)**

Activity Information

Date: 5/13/17 Time: 9:30 -1pm Mode of transportation (walk, van, train, etc.): _____

Destination Address: La Canada Congregational Church, 1200 Foothill City: La Canada State: CA Zip: 91011

Drop Off Location: _____ Time: _____ Pick up Location: _____ Time: _____

Activity Description: Cupcake Competition- Silver Award and Troop Activity Fundraiser for Troop 3731

Troop/Group Pays: _____ Family Pays: _____ Purpose of Fee: _____

Please Bring: _____

Troop Information Required

Troop/Group #: _____ Level(s): ❑ **D** ❑ **B** ❑ **J** ❑ **C** ❑ **S** ❑ **A** Service Unit: _____

Name of Leader or Adult in charge | Phone | E-mail Address

Name of second Adult in charge | Phone | E-mail Address

Emergency Contact Person for this activity (Adult who is not attending event/activity): Libby Renshaw | Emergency Contact Phone: 10/2018

Name of Certified First Aid/CPR/AED trained Adult (attending) | Certification Expiration Date

Check ONLY requirements needed for this activity: GS training (Please indicate date training was taken)

❑ **Indoor Overnight:** Name of Trained adult attending: _____ Date: _____

❑ **Camping Skills:** Name of Trained adult attending: _____ Date: _____

❑ **Domestic Troop Travel:** Name of Trained adult attending: _____ Date: _____

❑ **International Travel:** Name of Trained adult attending: _____ Date: _____

Other special adult training or certification needed (lifeguards, etc) Provide info:

Specialty: _____ Name of Certified Specialist: _____ Certificate Exp.: _____

❑ Additional Insurance Obtained ❑ **The Leader has obtained Health Histories and Over the Counter information prior Activity.**

❑ **I have reviewed Girl Scout procedures for this activity and agree to comply with *GSGLA Volunteer Essentials* and *Safety Activity Checkpoints*.**

_____
Signature of Leader or Adult in charge during Activity | Date

Signature of SUM or Designee **(required for Overnight Activities ONLY)** | Date Approved/Reviewed

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Parent/guardian, please complete, sign and return this bottom portion only to Leader

Activity description: Cupcake Competition- Silver Award and Troop Activity Fundraiser fo

❑ My child _____ has my permission to participate with this Troop/Group in the above activity on this date and time. During the activity, I can be reached at: Phone: _____ Alternate Phone: _____

Name of alternate contact person (If I cannot be reached) | Phone | Alternate Phone

❑ My daughter cannot participate in: _____

❑ *My child is in good health. If she has a known complicating medical problem or has had an operation, serious illness, or convulsive disorder since her last health examination, I understand that written permission from a doctor must accompany this form for my daughter to participate in water sports, horseback riding, skiing, hiking, sports, and other physically demanding activities.*

❑ I have discussed appropriate behavior with my daughter. Also, I will make sure she does not participate if not feeling well.

_____ _____
Signature of Parent/Guardian | Date