

TO BE COMPLETED BY LEADER AND SIGNED BY CUSTODIAL PARENT/GUARDIAN.

LEADER SECTION

Troop # _____ Trip Leader(s) _____

Activity Description _____

Activity Contact Person _____ Phone Number _____

Location _____ Date(s) _____

Mode of Transportation _____

Time and Place of Departure _____

Time and Place of Return _____

Chaperones _____

Each girl will need to bring _____

Emergency Contact - Home based emergency contact person (person not attending with troop).

Name _____ Phone _____



(Tear Here and Return to Trip Leader)

PARENT PERMISSION FORM

PARENT/GUARDIAN SECTION

Girl Scout's Name _____

Activity Description _____

Date(s) _____ Time(s) _____

My child has permission to participate in the above activity. She is in good physical condition and has not had any serious illness or operation since completion of her most recently submitted Health History Form.

During the activity, I can be reached at:

Home Phone _____ Cell Phone _____ Other _____

If I cannot be reached, the following person(s) can act on my behalf:

Emergency Contacts

1. Name _____ Phone _____ Relationship _____

2. Name _____ Phone _____ Relationship _____

Permission for Emergency Medical Treatment: Yes - Initialed _____ No - Initialed _____

In the event of an emergency, every effort will be made to contact a parent/guardian/emergency contact person. If no contact can be made, I hereby give authorization to Girl Scouts of Maine and agents, thereof, to seek treatment for my child and/or dependent minor by a licensed professional or dentist. I know of no reason(s) why my child may not participate in prescribed activities as noted on the health history form.

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 Maine takes every safety and preventative precaution, Girl Scouts of Maine can in no way warrant that COVID-19 infection will not occur through participation in troop or council programs.

If permission for emergency medical treatment is not provided, Girl Scouts of Maine shall be released from all liability resulting from untreated injury or illness and shall be held harmless for the same. If you wish to provide specific, alternative instructions, please do so on the back of this form.

Printed Name of Parent/Guardian _____

Signature of Parent/Guardian _____

Date _____