



# Girl Scouts of the Desert Southwest Parent Permission

## for Girl Participation in Basic Trip and/or Sensitive Issues

Girl Scouts of the USA *Volunteer Essentials* states, "When an activity takes place that is outside the normal time and place, advise each parent/guardian of the details of the activity and obtain permission for girls to participate."

In GSDSW Council, when activities take place outside of the scheduled meeting place or time, involve travel, or focus on sensitive or controversial topics, parent and/or guardians MUST sign written permission.

I hereby give permission to the leaders, staff, or agents of Girl Scouts of the Desert Southwest to obtain and administer such medical attention as might be required for the immediate care of my daughter/ward in the event such help of an emergency nature becomes necessary. Such permission will include the administration of such medicines or treatment as might be ordered or administered by a duly licensed medical doctor/practitioner in a local hospital. In no event will Girl Scouts of the Desert Southwest, its' leaders, officers, or agents be held liable for any emergency care, first aid rendered or treatment, drugs, and medical procedures performed pursuant to this consent. It is the parent or legal guardian's responsibility to keep GSDSW Council informed of any medical changes.

I hereby give my consent that any and all photograph of my daughter/ward taken at a Girl Scout activity may be used by Girl Scouts of the Desert Southwest or GSUSA in whatever way they choose and remain the property of Girl Scouts of the Desert Southwest.

Name of Activity \_\_\_\_\_

Date of Activity \_\_\_\_\_

Location of Activity \_\_\_\_\_

Time Activity Begins \_\_\_\_\_ Ends \_\_\_\_\_

Girls need to bring \_\_\_\_\_

**My child has permission to participate in the activities listed above as indicated by my signature.**

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

Girl's Name \_\_\_\_\_

Address \_\_\_\_\_

Parent/Guardian Name (please print) \_\_\_\_\_ Phone \_\_\_\_\_

e mail \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

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

Girl's Name \_\_\_\_\_

Address \_\_\_\_\_

Parent/Guardian Name (please print) \_\_\_\_\_ Phone \_\_\_\_\_

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