

## 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, when activities take place outside of the regular meeting place or time, involve travel, or focus on sensitive or controversial topics, parents/guardians **must sign a written permission form.**

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#### Activity Information

- **Name of Activity:** \_\_\_\_\_
- **Date of Activity:** \_\_\_\_\_
- **Location of Activity:** \_\_\_\_\_
- **Time Activity Begins:** \_\_\_\_\_ **Ends:** \_\_\_\_\_
- **Girls Need to Bring:** \_\_\_\_\_

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#### Medical Consent

In the event of an emergency, I authorize leaders, staff, or agents of GSDSW to obtain medical treatment for my daughter/ward. This includes emergency care, first aid, and treatment prescribed by a licensed medical professional at a local hospital or clinic.

I understand it is my responsibility to keep GSDSW informed of any medical conditions, allergies, or changes in health.

GSDSW, its leaders, officers, or agents will not be held liable for medical care provided in good faith under this consent.

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#### Parent/Guardian Agreement & Contact Information and Photo Release

Please complete one line for each girl attending the activity.

I give permission for my daughter/ward to participate in Girl Scout activities as above as indicated by my signature.

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

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

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

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

☐ **Yes, I consent** to GSDSW/GSUSA using photographs of my daughter/ward taken during Girl Scout activities for promotional purposes.

☐ **No, I do not consent** to GSDSW/GSUSA using photographs of my daughter/ward.

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

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