



Girl Scout Council of the Nation's Capital  
4301 Connecticut Avenue, N.W.  
Washington, D.C. 20008  
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**B221**

## PARENTAL PERMISSION

Leader please check all that apply:

Day Trip     Overnight     High Adventure     Sensitive Issue

<b>General Information</b>			<b>For High Adventure Activities</b>
Troop/Group	Activity Date	To	<input type="checkbox"/> if this is a High Adventure Activity
Activity			For programs that include ice-skating, roller skating, horseback riding, white water rafting, canoeing, caving, rock climbing, rappelling, swimming, or other physically strenuous or hazardous activities, parent or guardian should recognize that these activities can be dangerous and that some times serious injuries may occur.
Activity Location			
Departure time	Place		
Return time	Place		
Transportation	Cost		
Each child should			
Leader	Phone	<b>For Sensitive Issue Activities</b>	
Adults attending	Phone	<input type="checkbox"/> if this is a Sensitive Issue Activity	
Emergency contact	Phone	Please discuss this activity with your child. Attendance is optional for all or part of the activity. However, it is the parent or child's responsibility to communicate to the leader your needs prior to the activity date.	
Please complete the form below and return by _____			

Note: All activities will be conducted in accordance with Girl Scout of the United States of America and Girl Scout Council of the Nation's Capital policies, standards, and guidelines regarding safety and adult supervision.

## PARENTAL PERMISSION

<b>General Information</b>		<b>For High Adventure Activities</b>
I am the parent/guardian of <i>(Child's Name)</i>		*Parent: If this is a high adventure or sensitive issue activity, please initial and date in appropriate box.
I have read the description of the activity planned for <i>date</i>		I have read the attached description of the activity planned and I understand that my child will be exposed to above normal risk of injury.
My child will pay the fee of _____		I sustain that to the best of my knowledge, my child has the maturity, required skills and physical ability to participate in the activity described above.
I will be responsible for ensuring that my child brings the required equipment and only if in good physical condition.		
I give special permission and/or instructions for the following medication _____ This medicine will be properly labeled and given to the adult First Aider.		*Initial _____ Date _____
Mother/guardian _____ Phone _____		
Father/guardian _____ Phone _____		
Emergency contact _____ Phone _____		
My daughter is a registered Girl Scout and I give my permission for her to participate		<input type="checkbox"/> YES <input type="checkbox"/> NO
Signature _____ Date _____		<b>For Photographs</b>
		I give my permission for my child to be photographed and allow GSCNC to release said pictures for publicity purposes.
		<input type="checkbox"/> YES <input type="checkbox"/> NO