



Girl Scout Council of the Nation's Capital
4301 Connecticut Avenue, N.W.
Washington, D.C. 20008
PHONE (202)-237-1670 (800)-523-7898
FAX (202)-274-2161

B221

PARENTAL PERMISSION

Leader please check all that apply:

☐ Day Trip

☐ Overnight

☐ High Adventure

☐ Sensitive Issue

General Information	For High Adventure Activities
Troop/Group _____ Activity Date _____ To _____	☐ 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 _____	For Sensitive Issue Activities
Departure time _____ Place _____	☐ if this is a Sensitive Issue Activity
Return time _____ Place _____	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.
Transportation _____ Cost _____	
Each child should _____	
Leader _____ Phone _____	
Adults attending _____ Phone _____	
Emergency contact _____ Phone _____	
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

General Information	For High Adventure Activities
I am the parent/guardian of _____ (Child's Name)	*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 _____ date	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. 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.
My child will pay the fee of _____	*Initial _____ Date _____
I will be responsible for ensuring that my child brings the required equipment and only if in good physical condition.	For Sensitive Issue Activities
I give special permission and/or instructions for the following medication _____ This medicine will be _____	I have read the attached description of the activity planned. I understand that my child will be exposed to issues and discussions that are, or could be, considered to be of a sensitive or controversial nature. I have discussed this activity with my child and am confident of her/his maturity/ability to participate.
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 ☐ YES ☐ NO	For Photographs
Signature _____ Date _____	I give my permission for my child to be photographed and allow GSCNC to release said pictures for publicity purposes.
	☐ YES ☐ NO