

Parental Permission Single Activity Form

This form is mandatory for any activity outside of the normal meeting site/time. This form is also mandatory whenever an activity involves a sensitive issue, including activities occurring during troop meetings. Parents/guardians are required to complete this form in order for their child to participate in the activity stated on the form. Completed forms are to be returned to the individual stated on the form. This form is to be retained by the troop leader for three years.

ACTIVITY INFORMATION (To Be Completed By the Troop/Group Leader)

Activity Type: ☐ Day Trip ☐ Overnight ☐ High Adventure ☐ Sensitive Issue

Description of Activity: _____ Activity Cost: _____ Transportation: _____

Activity Start and End Date(s): _____ Activity Location: _____

Departure Time and Location: _____ Return Time and Location: _____

Leader: _____ Adult-In-Charge: _____ Emergency Contact: _____

Phone 1: _____ Phone 1: _____ Phone 1: _____

Phone 2: _____ Phone 2: _____ Phone 2: _____

E-mail: _____ E-mail: _____ E-mail: _____

Additional Information: _____

Complete the Parent/Guardian Permission Statement below and return to: _____ by: _____
(Name) (Due Date)

Note: All activities must be conducted in accordance with the Girl Scouts of the USA and the Girl Scouts Nation's Capital's policies, standards, and guidelines regarding safety and adult supervision.

PARENT/GUARDIAN PERMISSION STATEMENT (To Be Completed By the Parent/Guardian)

Name of Child: _____ Description of Activity: _____

CONTACT INFORMATION DURING THE ACTIVITY

Parent/Guardian: _____ Parent/Guardian: _____ Emergency Contact: _____

Phone 1: _____ Phone 1: _____ Phone 1: _____

Phone 2: _____ Phone 2: _____ Phone 2: _____

E-mail: _____ E-mail: _____ E-mail: _____

I understand that I am responsible for ensuring that my child is prepared to participate in this activity as determined by the leader. This may include, but is not limited to, payment of fees and attending any preparation meetings. I also understand that I am responsible for ensuring that my child behaves appropriately during this activity. I further understand that, if in the opinion of the leader or adult-in-charge, my child is not behaving appropriately, I may be asked to pick-up my child early from the activity at my own expense, and that it is at the leader's discretion whether or not to refund any fees that I've paid for this activity: ☐ Yes ☐ No

I understand that my child may not participate in this activity if she appears to be ill. I further understand that if my child appears to be ill when she arrives at the activity or become ill during the activity, I will be asked to pick-up my child early from the activity at my own expense, and that it is at the leader's discretion whether or not to refund any fees that I've paid for this activity: ☐ Yes ☐ No

I understand that I must provide written permission for the first-aid to witness any medication that my child may need. I understand that this written permission must include the name of the medication, the dosage, times and dates to be administered, and the reason for the medication. I understand that I must sign and date this written permission and give it to the first-aid, along with the medication which must be in the original container: ☐ Yes ☐ No

When participating in Girl Scout activities, my child may be photographed for print, videotaped, or electronically imaged. Images may be used in promotional materials, news releases, and other published formats for either the local Girl Scout Council or Girl Scouts of the USA. The images will be the sole property of either the local Girl Scout Council or Girl Scouts of the USA: ☐ Yes ☐ No

For High Adventure Activities Only: I understand that during this activity, my child will be exposed to an above normal risk of injury. I understand that I am responsible for communicating to the leader and adult-in-charge about any needs that my child may have in regards to this activity. I sustain to the best of my knowledge that my child has the maturity, required skills, and physical ability to participate in this activity: ☐ Yes ☐ No

For Sensitive Issue Activities Only: I understand that during this activity, my child will be exposed to issues and discussions that are, or could be, considered to be of a sensitive or controversial nature. I understand that I am responsible for communicating to the leader and adult-in-charge about any needs that my child may have in regards to this activity. I am confident of her maturity and ability to participate: ☐ Yes ☐ No

My child is a registered Girl Scout, and I give her permission to participate in the activity described above: ☐ Yes ☐ No

Parent/Guardian Signature: _____ Date: _____



Veggie Patch Allergen Disclosure

Dear Parent/Guardian,

We are delighted that your child will be attending a Veggie Patch cooking class at Wegmans.

As part of this hands-on class, he/she will be preparing and tasting different foods. For your protection and for the safety of your child, it is important that we be aware of any food allergies your child may have.

While we can not guarantee an allergen-free environment, we will do our best to accommodate special needs based on the information you provide.

PLEASE NOTE: We are relying on your expertise to make informed decisions during class, on behalf of your child. Therefore, EVERY CHILD WITH A FOOD ALLERGY MUST BE ACCOMPANIED BY HIS/HER OWN PARENT OR GUARDIAN, OR HE/SHE WILL NOT BE PERMITTED TO PARTICIPATE.

Thank you.

Veggie Patch Permission Slip

Date of Class _____

Time _____

Please indicate below if your child has any food allergies:

☐ NO

☐ YES

If YES, what food(s) is your child allergic to? _____

Please fill out bottom portion and sign:

I _____ (parent/guardian's name) will accompany my
(print)

child _____ (child's name) to the Veggie Patch class
(print)

Parent/Guardian Signature _____