

MULTI-USE PERMISSION FORM

Troop leaders must obtain written consent from each girl's parent or guardian even if the parent is present at the outing prior to her participation in an activity or outing held at a date, place, or time other than the date, place, and time of the regularly scheduled troop meeting.

Girl Scout: _____ Phone #'s: _____ Troop #: _____

Emergency Contact Name: _____ Phone #: _____ Relation to child: _____

A parent's/guardian's signature grants permission for the Girl Scout to attend the numbered outing. Girls who are ill are not to attend. In the event of a serious accident, the parent's signature authorizes immediate medical aid.

Parents: After reviewing the information below each time you sign off on an activity you are asserting: "My daughter has permission to participate in the activity below. She is in good physical condition. If she has a complicating medical problem or has had a serious illness or injury or an operation since her last health examination, I am submitting a written statement from her physician giving her permission to participate in this activity. I understand it is my responsibility to provide transportation home, if for any reason, my child must be removed from any program activity due to illness, accident or disciplinary action. I give my daughter, named above, permission to participate in the activity described below. ***I fully understand that the activity has certain inherent risks that cannot be controlled by the facility owner/vendor or by Girl Scouts of the Commonwealth of Virginia. If a waiver is required for the activity releasing an owner/vendor of liability, I release Girl Scout s of the Commonwealth of Virginia, its staff, and volunteers from any responsibility or liability whatsoever for that activity. In the event legal action is taken against Girl Scouts of the Commonwealth of Virginia, its staff, and volunteers, for any reason, other than the negligence of the aforesaid Girl Scouts of the Commonwealth of Virginia, its staff and volunteers, then I agree to indemnify and hold harmless said Girl Scouts of the Commonwealth of Virginia, its staff and volunteers from any and all liability that may be imposed for anything other than primary negligence.***

Parents do not sign the row until after all information has been filled in.

ACTIVITIES AND OUTINGS

Activity	Date	Place	Leave From/Time	Return To/Time	Bring	Emergency Contact	Parent s/Guardian s Signature/Date
1							
2							
3							

	Activity	Date	Place	Leave From/Time	Return To/Time	Bring	Emergency Contact	Parent s/Guardian s Signature/Date
4								
5								
6								
7								
8								
9								
10								

Name of Individuals permitted to pick-up my daughter	Relationship To Girl Scout	Phone Number
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1			
2			
3			