



Caregiver Permission for Girl Scout Activities

Troop/group leaders are to obtain written consent from a girl's caregiver prior to the girl participating in an activity or trip that is held at a place or time that is different from the regularly scheduled troop/group meeting.

This page is to be completed by the caregiver and returned to the troop/group leader.

Girl's First Name _____ Middle Name _____ Last Name _____
Street Address _____ City _____ State _____ Zip _____
Caregiver's First Name _____ Last Name _____
Home Phone _____ Cell Phone _____ Work Phone _____

Emergency Contact's Name _____ Relationship to Girl Participant _____
 Yes No My emergency contact has my permission to act on my behalf.
Street Address _____ City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____ Work Phone _____

I will ensure that she does not attend the activity/trip if she is not feeling well.
 Yes No She has my permission to ride in a private car if that is the transportation being used.
 Yes No You have my permission to use my daughter's voice or photo to inform the public about the Girl Scout activity/trip.
Other helpful information (recent death or divorce in family, friend recently moved away, updated medical information, etc.)

COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. As with any social activity, participation in Girl Scouts could present the risk of contracting COVID-19. While Girl Scouts of the Colonial Coast takes every safety and preventative precaution, Girl Scouts of the Colonial Coast can in no way warrant that COVID-19 infection will not occur through participation in Girl Scouts of the Colonial Coast programs.

Original signature required. Name of Caregiver _____ Signature _____ Date _____

This form is to be updated by the troop/group leader and given to the caregiver for approval each time an activity/trip is planned. Caregivers should not sign (give permission) until full details are filled in the spaces provided. Review the information for accuracy before signing. DO NOT SIGN A BLANK FORM. Ensure medical information is current.

Date	Activity/Location	Leave From/ Time	Return To/ Time	Bring	Event Lead's Name/Phone	Group Emergency Contact's Name/Phone	Caregiver Signature/Date