



## 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 _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	My emergency contact has my permission to act on my behalf.
Street Address _____	City _____ State _____ Zip _____
Home Phone _____	Cell Phone _____ Work Phone _____

<input type="checkbox"/> I will ensure that she does not attend the activity/trip if she is not feeling well.
<input type="checkbox"/> Yes <input type="checkbox"/> No She has my permission to ride in a private car if that is the transportation being used.
<input type="checkbox"/> Yes <input type="checkbox"/> 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