



Parent/Guardian Single-Use Permission Form

This form is REQUIRED for every Extended-Day/Overnight/High-Risk activity or trip.

EMERGENCY: (877) 423-4752

- When Annual Permission form use is not given by parent/caregiver
- Extended-Day Trips – (8+ hours) SUM or designee approval required prior to sending to parents
- Short Overnight Trips – (1-2 nights) SUM or designee approval required prior to sending to parents
- High-Risk – SUM approval only for Tier 1, SUM & Council (e-form) approval for Tier 2 high-risk activities
- Extended/International Travel (3+ nights) (Sum, Go-Team, Council approval required) Fill out eform:

<https://www.gsglavolunteerapps.org/extended-travelhigh-risk-application/> ET# _____

Activity Information

Date: _____ Time: _____ Mode of transportation (walk, auto, train, etc.) _____

Destination Address: _____ City: _____ State: _____ Zip: _____

Drop Off Location: _____ Time: _____ Pick up Location: _____ Time: _____

Activity Description: _____

Troop/Group Pays: _____ Family Pays: _____ Purpose of Fee: _____

Please Bring: _____

Troop Information Required

Troop/Group #: _____ Level(s): D B J C S A Service Unit: _____

Name of Leader or Adult in charge	Phone	E-mail Address
_____	_____	_____
Name of second Adult in charge	Phone	E-mail Address
_____	_____	_____

Emergency Contact Person for this activity (Adult who is not attending event/activity) _____ Emergency Contact Phone _____

Name of Certified First Aid/CPR/AED trained Adult (attending) _____ Certification Expiration Date _____

Check ONLY requirements needed for this activity: GS training (Please indicate date training was completed)

Indoor Overnight: Name of Trained adult attending: _____ Date: _____

Camping Skills: Name of Trained adult attending: _____ Date: _____

Domestic Troop Travel: Name of Trained adult attending: _____ Date: _____

International Troop Travel: Name of Trained adult attending: _____ Date: _____

Lifeguard: Name of Certified adult attending: _____ Certificate Exp: _____

Other Specialty Name of Certified adult attending: _____ Certificate Exp: _____

Specialty: _____

Attach list of supervising adults (SUM to verify for membership, live scan, & mandated reporter training)

I have reviewed Girl Scout procedures for this activity and agree to comply with **GSGLA Volunteer Essentials and Safety Activity Checkpoints**

Signature of Leader or Adult in charge during Activity _____ Date _____

Signature of SUM or Designee _____ Date Approved/Reviewed _____

” ”

Parent/Caregiver, please complete, sign and return this bottom portion only to Leader

Activity description: _____

My child _____ has my permission to participate with this Troop/Group in the above activity on this date and time.

During the activity, I can be reached at: Phone: _____ Alternate Phone: _____

Name of alternate contact person (If I cannot be reached) _____

Phone: _____ Alternate Phone: _____

I have discussed appropriate behavior with my daughter. Also, I will make sure she does not participate if not feeling well.

Signature of Parent/Caregiver _____ Date _____