PERMISSION FOR GIRL SCOUT ACTIVITY

(Parent/Guardian retains top portion)

Troop # is plannir	ng a	on (c	late):	
ïme: Location:		Phor	Phone:	
ARRANGEMENTS FOR	TRANSPORTATION:			
Time and Place of Departure		Time and Place of Return		
Mode of Transportation		Adults Accompanying Girls		
EACH GIRL WILL NEED	:			
IN CASE OF AN EMERG	ENCY, YOU WILL BE C	ONTACTED BY:		
Emergency Contact:		Telephone:	Telephone:	
Leader's Name:		Telephone:	Telephone:	
My daughter She is in good physical conc	ł	ottom portion to troop leader) has permission to participate in erious illness or operation since her last l	health examination.	
I give the Council permission activities or accepting Girl So		oses, to use photographs or videotapes	of my child participating in Girl Scout	
DURING THE ACTIVITY,	I MAY BE REACHED A	<u>I</u> :		
Address:	ress: Telephone:			
If I cannot be reached during	g an emergency, the followir	ng person is authorized to act in my beha	lf:	
Name		Relationship to participant	Telephone	
Address of Emergency Cont	act	Physician's Name	Physician's Telephone	
PLEASE WRITE ADDITIONAL REMARKS ON BACK OF LOWER PORTION AND RETURN TO YOUR DAUGHTER'S TROOP LEADER		Parent/Guardian Signature		
		Date		
COVID-19 is an extremely o	ontagious virus that spread	s easily through person-to person contac	t As with any social activity	

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 Alaska (GSAK) takes every safety and preventative precaution, GSAK can in no way warrant that COVID-19 infection will not occur through participation in GSAK programs.

Revised 10/7/21