

**Leaders please check all that apply:**

Day Trip                                      Overnight                                      High Risk                                      Sensitive Issue

<b>GENERAL INFORMATION</b>	
Troop _____ From Date _____ To _____	<p><b><u>FOR HIGH RISK ACTIVITIES</u></b></p> <p>For programs that include horseback riding, white water rafting, canoeing, caving, rock climbing, rappelling, swimming, or other physically strenuous or hazardous activities, parent or guardian should recognize that these activities can be dangerous and that sometimes serious injuries may occur.</p> <p><b><u>FOR SENSITIVE ISSUE ACTIVITIES</u></b></p> <p>Please discuss this activity with your child. Attendance is optional for all or part of the activity. However, it is the parent or child's responsibility to communicate your needs to the Troop Leader prior to the activity date.</p>
Activity _____	
Activity location _____	
Departure time _____ Place _____	
Return time _____ Place _____	
Transportation _____ Cost _____	
Each child should _____	
Leader _____ Phone _____	
Adults Attending _____ Phone _____	
_____ Phone _____	
Emergency Contact _____ Phone _____	
Please complete the form below and return by _____	

NOTE: All activities will be conducted in accordance with Girl Scouts of the USA/Girl Scouts Western Oklahoma, Inc. guidelines regarding safety and adult supervision. All meetings outside the normal meeting location are subject to approval by Council Staff.

**PARENTAL PERMISSION**

<b>GENERAL INFORMATION</b>	
I am the parent/guardian of _____	<p><b><u>FOR HIGH RISK ACTIVITIES</u></b></p> <p>I have read the attached description of the planned activity and I understand that my child will be exposed to above normal risk of injury. To the best of my knowledge, my child has the maturity, required skills, and physical ability to participate in the activity described above.</p> <p>*Initial _____ Date _____</p> <p><b><u>FOR SENSITIVE ISSUE ACTIVITIES</u></b></p> <p>I have read the attached description of the activity planned. I understand that my child will be exposed to issues and discussions that are, or could be, considered to be of a sensitive or controversial nature. I have discussed this activity with my child and am confident of her maturity/ability to participate.</p> <p>*Initial _____ Date _____</p>
I have read the description of the activity planned for (date) _____	
My child will pay the fee of \$ _____	
I will be responsible for ensuring that my child brings the required equipment and attends only if in good physical condition.	
I give special permission and/or instructions for the following medication _____	
This medicine will be properly labeled and given to the adult First-Aider.	
Mother/guardian _____	
Phone D _____ E _____ C _____	
Father/guardian _____	
Phone D _____ E _____ C _____	
Emergency contact _____ Relationship _____	
Phone D _____ E _____ C _____	
I give my permission for my child to participate                      YES                      NO	<p><b><u>FOR PHOTOGRAPHS AND VIDEO</u></b></p> <p>I give my permission for my child to be photographed and video-taped, allowing Girl Scouts Western Oklahoma, Inc. to release said pictures for publicity purposes.</p> <p>YES                      NO</p>
Signature _____ Date _____	
*Parent: If this is a high risk or sensitive activity, please initial and date appropriate box.	

**PARENT COPY**

**LEADER COPY**