PARENTAL PERMISSION

Red Lands Council • 121 N.E. 50th Street • Oklahoma City, OK 73105
(405) 528-3535 • 1-800-698-0022 • FAX: (405) 528-4475

Single Sided Form

Leader please check all that apply:

□ Day Trip □ Overnight □ High Risk □ Sensitive Issue

□ Council staff has approved this activity.

GENERAL INFORMATION

Group_____ Activity Date From_____ To_____

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_____

FOR HIGH RISK ACTIVITIES

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.

FOR SENSITIVE ISSUE ACTIVITIES

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 to the leader your needs prior to the activity date.

PARENT COPY

NOTE: All activities will be conducted in accordance with Girl Scouts of the USA/Girl Scouts-Red Lands Council guidelines regarding safety and adult supervision.

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GENERAL INFORMATION

I am the parent /guardian of _____

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_____

FOR HIGH RISK ACTIVITIES

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.

*Initial_____ Date_____

FOR SENSITIVE ISSUE ACTIVITIES

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.

*Initial_____ Date_____

I give my permission for my child to participate YES NO

Signature_____ Date_____

*Parent: If this is a high risk or sensitive activity, please initial and date appropriate box.

FOR PHOTOGRAPHS AND VIDEO

I give my permission for my child to be photographed and video-taped, allowing Girl Scouts - Red Lands Council to release said pictures for publicity purposes.
YES NO

LEADER COPY