



PERMISSION FOR SPECIAL ACTIVITIES

Girl Scouts of Silver Sage
8948 W Barnes St, Boise, ID 83709
(208) 377-2011 or (800) 846-0079
www.girlscouts-ssc.org

Activity Information (for any activity away from normal meeting place: field trip, hike, etc.)

Troop # _____ SU # _____ Leader(s) Name _____

Describe Activity _____

Location (name of facility/city) _____

Date of Activity _____ Time/place of departure _____

Time/place of return _____

Mode of transportation _____

Adult in charge _____
Name Position Phone

As the Leader in Charge of this activity, I have completed the following activity safety assessment and tasks:

- Ensured that the adult-to-girl supervision ratios have been met and that all supervising adults are “approved” volunteers (registered members of the current Girl Scout Membership Year who have successfully completed a criminal background check).
- Ensured that all adults providing transportation are “approved” volunteers (see definition above).
- Reviewed the Safety section in Volunteer Essentials and have a solid understanding of general activity safety.
- Read any Safety Activity Checkpoints, located on our website, related to our planned activity, and have taken all actions required related to preparation, program expertise certification verification, site suitability, etc.
- At least one adult present at this activity holds a current CPR/FA certification and we have a First Aid Kit available at this activity.**

Signature of Leader in Charge: _____

Authorization

I _____, give permission for my girl _____
Name of Parent/Guardian Name of girl

to participate in the **activities described in this form**. During the activity, I can be reached at:

Phone Number: Home _____ Work _____ Cell _____

If I cannot be reached in the event of an emergency, the following person is authorized to act on my behalf:

Name _____ Relationship to Participant _____

Phone Number: Home _____ Work _____ Cell _____

Signature of Parent/Guardian _____

Date _____

Describe Activity _____

Troop Leader – Retain a copy for your record and make a copy for the parent/guardian

Location (*name of facility/city*) _____

Date of Activity _____ Time/place of departure _____

Time/place of return _____

Mode of transportation* _____

Adult in charge _____
Name Position Phone

Signature of Parent/Guardian

Describe Activity _____

Location (*name of facility/city*) _____

Date of Activity _____ Time/place of departure _____

Time/place of return _____

Mode of transportation* _____

Adult in charge _____
Name Position Phone

Signature of Parent/Guardian

Describe Activity _____

Location (*name of facility/city*) _____

Date of Activity _____ Time/place of departure _____

Time/place of return _____

Mode of transportation* _____

Adult in charge _____
Name Position Phone

Signature of Parent/Guardian

Troop Leader – Retain a copy for your record and make a copy for the parent/guardian