



# PARENT 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

## PARENT Permission for *high-risk activities* as defined by Safety Activity Checkpoints (for activities REQUIRING COUNCIL AND NON-COUNCIL APPROVAL)

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:

- I have submitted the Special Activity approval to the Council office and have received approval for the activities outlined on page two (2) of this permission form, WHICH REQUIRE COUNCIL APPROVAL
- I will ensure that the adult-to-girl supervision ratios are met and that all supervising adults ARE “approved” volunteers (registered members of the current Girl Scout Membership Year who have completed a criminal background check).
- I will ensure that all adults providing transportation are “approved” volunteers (see definition above).
- I have reviewed the Safety section in Volunteer Essentials and have a solid understanding of general activity safety.
- I have read the Safety Activity Checkpoints related to the listed activity/ies on page two (2), and have taken all actions required related to preparation, program expertise certification verification, site suitability, etc.
- I certify that 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 \_\_\_\_\_

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

**HIGH-RISK ACTIVITIES AS PER SAFETY ACTIVITY CHECKPOINTS**

**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

**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**