



## Parent Permission for Troop Activity

*(Please Print)*

Troop Number \_\_\_\_\_ Service Unit \_\_\_\_\_ Adult in Charge \_\_\_\_\_

Leader's Name \_\_\_\_\_ E-mail \_\_\_\_\_

Address (street, city, state, zip) \_\_\_\_\_

Phone (day) \_\_\_\_\_ Phone (cell) \_\_\_\_\_

Troop Activity \_\_\_\_\_

Leaving from \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ PM AM

Returning to \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ PM AM

Your daughter should have money

for the following: Transportation \$ \_\_\_\_\_ Food \$ \_\_\_\_\_ Other \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

Activities will include the following \_\_\_\_\_

Please bring \_\_\_\_\_

Adults attending as chaperons \_\_\_\_\_

Troop Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

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Troop leaders must obtain the written permission of the parent or guardian of each girl planning to participate in the activity below. Girls without written permission will not be transported from the departure location and may not participate in the activity. Parents may keep Page 1 for their records and need to return Page 2 to the troop leader. Troop leaders need to retain Page 2 (the Parent Permission form) for their records.

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# Parent Permission

## Participation in Troop Activity

\_\_\_\_\_ I give my daughter \_\_\_\_\_ permission to participate in the troop activity/program  
(Initial) (Name of Girl Scout)  
to \_\_\_\_\_ on \_\_\_\_\_. During this activity/program, I can be reached  
(Name of Troop Activity/Program) (Date)  
at \_\_\_\_\_.  
(Phone)

## Swimming Ability

\_\_\_\_\_ My daughter's swimming ability is \_\_\_\_\_ Beginner \_\_\_\_\_ Intermediate \_\_\_\_\_ Proficient \_\_\_\_\_ NA to Activity  
(Initial) For more information and a description of swim ability levels, review the Safety Activity Checkpoints, Water Activities available on the Citrus Council website at [www.citrus-gs.org](http://www.citrus-gs.org).

## Health History/Emergency Contact

\_\_\_\_\_ My daughter is in good physical condition and has not had any previous illness or operation since her last health  
(Initial) examination. Please indicate any special concerns, allergies or dietary considerations \_\_\_\_\_

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

Name \_\_\_\_\_ Relation to Participant \_\_\_\_\_  
Address (street, city, state, zip) \_\_\_\_\_  
Phone (day) \_\_\_\_\_ Phone (cell) \_\_\_\_\_

## Photo Release

\_\_\_\_\_ Participants in this Girl Scout program may be photographed for print, video or electronic imaging. Each adult participant and the  
(Initial) parent/guardian of each minor participant understands these images will be the sole property of Girl Scouts of Citrus Council, Inc. and may be used in promotional materials, news releases and other published formats.

## Girl Scout Voices Survey

\_\_\_\_\_ Girl Scout Voices is an exciting opportunity from the Girl Scout Research Institute that lets girls and volunteers share  
(Initial) their thoughts about Girl Scouting. The following statements describe our policies around privacy and the use of collected information and data. These policies comply with The Children's Online Privacy Protection Act (COPPA). Please read each statement carefully and then check YES if you give consent for your daughter to participate or check NO if you do not want your daughter to participate.

1. Your daughter's survey answers will be for research purposes only.
2. These surveys exist to help GSUSA understand program effectiveness. Your daughter will never be marketed to, solicited or exposed to any form of advertisement as a result of participating in Girl Scout Voices Surveys.
3. Your daughter's decision to participate in this research is completely voluntary. She does not have to participate if she does not wish to do so.
4. Your daughter's decision to participate or not will not affect her standing in her Girl Scout sponsored program, and she will still be able to participate fully in all program activities.
5. If your daughter decides to participate, she can still choose not to answer any questions she does not want to answer, and may stop participation at any point.

Yes - I have read about Girl Scout Voices and voluntarily consent to allow my daughter to register and participate in future surveys if she chooses.

No - I do not want my daughter to participate in Girl Scout Voices.

**My initials indicate that I have read and understand the above statement and give my permission.**

Print name of Parent / Guardian: \_\_\_\_\_

Signature of Parent / Guardian: \_\_\_\_\_

Date \_\_\_\_\_