



Girl Scouts of Central and Western Massachusetts, Inc.

413-584-2602 or 508-365-0115 gscwm.org

Worcester Leadership Center:
115 Century Drive
Worcester, MA 01606

Holyoke Leadership Center:
301 Kelly Way, Holyoke, MA 01040
Fax 413-536-1383

Parent/Guardian Permission for Activity/Travel (HIGH RISK)

Troop/Group #: \_\_\_\_\_
Activity: \_\_\_\_\_ Date of Activity: \_\_\_\_\_
Activity Location: \_\_\_\_\_
Leaving from: \_\_\_\_\_ Time: \_\_\_\_\_
Returning to: \_\_\_\_\_ Time: \_\_\_\_\_
Mode of transportation: \_\_\_\_\_
Cost for each girl is: \$ \_\_\_\_\_
Each girl should bring (e.g. equipment, clothing, and spending money): \_\_\_\_\_

In case of emergency, the leader will contact the person listed below, who will then notify the parent.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_
Troop Leader's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Keeps This Portion



Return Bottom Half to Troop Leader

My child \_\_\_\_\_ has permission to attend \_\_\_\_\_ on \_\_\_\_\_
Activity Date
Remarks: \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

In the event I cannot be reached in an emergency, I hereby give permission to the physician, hospital, or medical service selected by the leader(s) to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child as named above. It is understood that a conscientious effort will be made to locate me or the emergency contact listed before any action is taken.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

The section below is to be filled out if the venue requires families to sign a waiver:

I give my permission to the Leaders of Troop ( ), of Girl Scouts of Central and Western MA, to take my child to (location- ), on (Date and time- ), I understand and agree that I will hold the Girl Scouts of Central and Western Massachusetts harmless for any liability arising out of my child's participation in the (location and activity- ) scheduled on the above mentioned date.

Parent / Guardian Name: \_\_\_\_\_
Date: \_\_\_\_\_
Parent / Guardian Signature: \_\_\_\_\_