



# GIRL SCOUT PERMISSION SLIP

Girl Scouts of San Jacinto Council

(THIS FORM MAY BE PHOTOCOPIED WHEN COMPLETED. PRINT CLEARLY, USE BLACK INK.)

GIRL'S NAME \_\_\_\_\_

TROOP/GROUP # \_\_\_\_\_

*Parent/Legal Guardian to keep this portion*

Activity/Place: \_\_\_\_\_ Date(s): \_\_\_\_\_

Leaving from: \_\_\_\_\_ Time of departure: \_\_\_\_\_

Returning to: \_\_\_\_\_ Time of return: \_\_\_\_\_

Bring: \_\_\_\_\_ Fee: \_\_\_\_\_

Dress: \_\_\_\_\_

Adult in charge: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact adult: \_\_\_\_\_ Phone: \_\_\_\_\_

*Cut above and return this portion to leader/adult in charge by: \_\_\_\_\_ (Date)*

Girl's Name: \_\_\_\_\_ Troop/Group # \_\_\_\_\_ Age: \_\_\_\_\_

Activity: \_\_\_\_\_ Date: \_\_\_\_\_

My daughter has my permission to attend the activity listed above. She will not attend if she is not feeling well. I give my permission to have her treated by a licensed physician if necessary. I also agree to be financially responsible for all expenses associated with providing medical care for my child. My signature on this document also allows Girl Scouts to use **photographs, voice, and/or video of my child for Public Relations purposes**. My daughter may have opportunities in the future to attend activities other than the ones listed on this form. I acknowledge that if I give permission for her to participate in such activities in the future, it is under the same conditions that are set out in this form, including with respect to transportation. (Leader: Attach future parent permissions to this form.)

**TRANSPORTATION RELEASE:** I understand that troop/group leaders must obtain the written consent of parent/guardian for every girl wishing to participate in an activity or outing that is held at a different place and time from the regularly scheduled troop/group meeting. I accept responsibility for the transportation of my child to and from any Girl Scout activity and recognize that transportation to and from Girl Scout events is not the responsibility of Girl Scouts of San Jacinto Council. I recognize that the driver of any such carpool or bus service that I arrange is not acting as an agent of Girl Scouts of San Jacinto Council. It is my expressed intention to hold Girl Scouts of San Jacinto Council harmless for any and all injuries, death or damages arising from or in any way related to any such transportation.

I give my permission for my daughter to participate in Boating, Swimming, Horseback Riding, or other strenuous activities. If no exceptions, she may participate in all activities at this outing. **EXCEPTIONS:** \_\_\_\_\_

My daughter **may not** be released to: \_\_\_\_\_

If unable to reach me in case of an emergency or change in plans, please contact one of the following. I will make arrangements with these people prior to the event.

Name: \_\_\_\_\_ Day: \_\_\_\_\_ Evn: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Day: \_\_\_\_\_ Evn: \_\_\_\_\_ Relationship: \_\_\_\_\_

I have provided medication(s) for my child to take with the supervision of the Leader/First Aider. Yes: _____ No: _____ (attach a list if necessary)		
Medication:	Dosage:	How Often:

Medication(s) she can have: \_\_\_\_\_

Medication(s) she **cannot** have: \_\_\_\_\_

Disease exposed to in last 30-days: \_\_\_\_\_

Signature of Parent/Legal Guardian \_\_\_\_\_ Phone # \_\_\_\_\_ Pager or Cell Phone \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Parent/Legal Guardian \_\_\_\_\_

GIRL SCOUT INSURANCE CARRIER: MUTUAL OF OMAHA For confirmation, contact Girl Scouts of San Jacinto Council 713-292-0300 or 1-800-392-4340



Girl Scouts of San Jacinto Council
Assumption of Risk and Release of Liability – Coronavirus/COVID-19

\*Girl's Name (as she is registered) \*Troop # \*Community

I am aware of the highly contagious nature of the 2019 novel coronavirus disease ("COVID-19") as well as the symptoms, illnesses, and effects it causes. I am also aware that by participating in any Girl Scouts of San Jacinto Council ("GSSJC") activity, I, my daughter, my family, our household members, and those with whom we come into contact could experience exposure to or infection of COVID-19 as well as its serious effects, which include illness, injury, permanent disability, and death.

I am familiar with federal, state, and local laws, orders, directives, and guidelines related to COVID-19, including the Centers for Disease Control and Prevention ("CDC") guidance. I will comply with and will ensure my daughter's compliance with all such orders, directives, and guidelines while participating in GSSJC activities and while on GSSJC premises. I further agree that while participating in GSSJC activities and while on GSSJC premises, I and my daughter are required to follow all GSSJC guidelines, including all COVID-19 instructions, that have been provided to me, whether in an agreement at the activity or on GSSJC's COVID-19 webpages.

I agree that my daughter and I will not participate in any GSSJC activity or come on GSSJC premises if we are experiencing symptoms of COVID-19 (such as cough, shortness of breath, fever, chills, muscle pain, sore throat, or new loss of taste or smell); have a confirmed or suspected case of COVID-19; or have had close contact in the last 14 days with a person who has been confirmed or suspected of having COVID-19.

In consideration of being permitted to participate in GSSJC activities, I, on behalf of myself, my daughter, and any and all of our beneficiaries, heirs, next of kin, successors, assigns, representatives, and agents, do hereby release, acquit, and forever discharge Girl Scouts of the USA and GSSJC and each of their respective owners, officers, directors, employees, agents, contractors, representatives, and volunteers (collectively, "Releasees") from any and all claims, demands, liabilities, causes of action, and damages (collectively, "Claims") related to or arising out of COVID-19, including, but not limited to, any and all Claims related to or arising out of any COVID-19-related illness, injury, disability, or death experienced by myself, my daughter, or any other member of our family or household, regardless of whether such claims are caused, in whole or in part, by the sole, contributory, or concurrent negligence, strict liability, premises liability, or other tortious or wrongful conduct of Releasees.

By signing below, I hereby certify that I have read and fully understand all of the terms of this Assumption of Risk and Release of Liability – Coronavirus/COVID-19 (the "Release") and that I am voluntarily giving up substantial legal rights, including the right to sue the Releasees as described above. I am voluntarily, knowingly, and unconditionally signing this Release and hereby agree to all of the terms and conditions of this Release. I represent and warrant that I have the full legal authority to sign, and am signing, this Release on behalf of myself and my daughter.

Parent/Guardian Name Signature Date

Please print full name clearly