



Girl Scout Council of the Nation's Capital
 4301 Connecticut Avenue, N.W.
 Washington, D.C. 20008
 PHONE (202)-237-1670 (800)-523-7898
 FAX (202)-274-2161

B221

PARENTAL PERMISSION

Leader please check all that apply:

- Day Trip Overnight High Adventure Sensitive Issue

General Information	For High Adventure Activities
Troop/Group <u>3480</u> Activity Date <u>December 1st 1st, 2012</u>	<input type="checkbox"/> if this is a High Adventure Activity
Activity <u>SU Cookie College</u>	For programs that include ice-skating, roller skating, horseback riding, white water rafting, canoeing, caving, rock climbing, rappelling, swimming, or other physically strenuous or hazardous activities, parent or guardian should recognize that these activities can be dangerous and that some times serious injuries may occur.
Activity Location <u>St. George's Episcopal Church</u>	
Departure time <u>12:45pm</u> Place <u>7010 Glenn Dale Road</u>	
Return time <u>4:00pm</u> Place <u>Glen Dale, MD 20769</u>	
Transportation <u>This is a drop off</u> Cost <u>\$5.00</u>	<input type="checkbox"/> if this is a Sensitive Issue Activity
Each child should <u>wear uniform vest or pin</u>	Please discuss this activity with your child. Attendance is optional for all or part of the activity. However, it is the parent or child's responsibility to communicate to the leader your needs prior to the activity date.
Leader <u>Sis. Alia</u> Phone <u>3012375542</u>	
Adults attending <u> </u> Phone <u> </u>	
Emergency contact <u>Sis. Kesha</u> Phone <u>2406052936</u>	
Please complete the form below and return by <u>11/30/2013</u>	

Note: All activities will be conducted in accordance with Girl Scout of the United States of America and Girl Scout Council of the Nation's Capital policies, standards, and guidelines regarding safety and adult supervision.

PARENTAL PERMISSION

General Information	For High Adventure Activities
I am the parent/guardian of _____ <i>(Child's Name)</i>	<p>*Parent: If this is a high adventure or sensitive issue activity, please initial and date in appropriate box.</p> <p>I have read the attached description of the activity planned and I understand that my child will be exposed to above normal risk of injury. I sustain that to the best of my knowledge, my child has the maturity, required skills and physical ability to participate in the activity described above.</p> <p>*Initial _____ Date _____</p>
I have read the description of the activity planned for _____ <i>date</i>	
My child will pay the fee of _____	
I will be responsible for ensuring that my child brings the required equipment and only if in good physical condition.	
I give special permission and/or instructions for the following medication _____ This medicine will be properly labeled and given to the adult First Aider.	
Mother/guardian _____ Phone _____	<p>For Sensitive Issue Activities</p> <p>I have read the attached description of the activity planned. I understand that my child will be exposed to issues and discussions that are, or could be, considered to be of a sensitive or controversial nature. I have discussed this activity with my child and am confident of her/his maturity/ability to participate.</p> <p>*Initial _____ Date _____</p>
Father/guardian _____ Phone _____	
Emergency contact _____ Phone _____	
My daughter is a registered Girl Scout and I give my permission for her to participate <input type="checkbox"/> YES <input type="checkbox"/> NO	For Photographs
Signature _____ Date _____	I give my permission for my child to be photographed and allow GSCNC to release said pictures for publicity purposes.
	<input type="checkbox"/> YES <input type="checkbox"/> NO

No tag alongs
Lunch Provided