



## Activity Permission Form

GSUSA standard: Each child *must* have written *permission* from their primary caregiver for every activity that is held at a different place and/or from the regular meeting.

Girl's name: \_\_\_\_\_

#1 Trip/activity: \_\_\_\_\_ Date: \_\_\_\_\_

Primary Caregiver signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Emergency contact for this activity: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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#2 Trip/activity: \_\_\_\_\_ Date: \_\_\_\_\_

Primary Caregiver signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Emergency contact for this activity: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_



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#1 Trip/activity: \_\_\_\_\_ Date: \_\_\_\_\_

Primary Caregiver signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Emergency contact for this activity: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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#2 Trip/activity: \_\_\_\_\_ Date: \_\_\_\_\_

Primary Caregiver signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Emergency contact for this activity: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

#3 Trip/activity: \_\_\_\_\_ Date: \_\_\_\_\_  
Primary Caregiver signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Emergency contact for this activity: \_\_\_\_\_ Phone: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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#4 Trip/activity: \_\_\_\_\_ Date: \_\_\_\_\_  
Primary Caregiver signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Emergency contact for this activity: \_\_\_\_\_ Phone: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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#5 Trip/activity: \_\_\_\_\_ Date: \_\_\_\_\_  
Primary Caregiver signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Emergency contact for this activity: \_\_\_\_\_ Phone: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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#3 Trip/activity: \_\_\_\_\_ Date: \_\_\_\_\_  
Primary Caregiver signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Emergency contact for this activity: \_\_\_\_\_ Phone: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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#4 Trip/activity: \_\_\_\_\_ Date: \_\_\_\_\_  
Primary Caregiver signature: \_\_\_\_\_ Date: \_\_\_\_\_  
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Emergency contact for this activity: \_\_\_\_\_ Phone: \_\_\_\_\_  
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