



## 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 \_\_\_\_\_

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

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

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

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

Note any changes for emergency contact: \_\_\_\_\_

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

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

Note any changes for emergency contact: \_\_\_\_\_

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

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

Note any changes for emergency contact: \_\_\_\_\_

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

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

Note any changes for emergency contact: \_\_\_\_\_

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

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

Note any changes for emergency contact: \_\_\_\_\_

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

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

Note any changes for emergency contact: \_\_\_\_\_

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

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

Note any changes for emergency contact: \_\_\_\_\_

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

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

Note any changes for emergency contact: \_\_\_\_\_

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

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

Note any changes for emergency contact: \_\_\_\_\_

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

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

Note any changes for emergency contact: \_\_\_\_\_

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

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

Note any changes for emergency contact: \_\_\_\_\_

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

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

Note any changes for emergency contact: \_\_\_\_\_

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

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

Note any changes for emergency contact: \_\_\_\_\_

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

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

Note any changes for emergency contact: \_\_\_\_\_