

# COVID-19 Activity Permission Form

The Special Activity Troop Form MUST also be completed anytime your troop meets / has an activity away from your regular meeting place, any overnight, troop trip or high risk activity.

The Coronavirus disease of 2019 (COVID-19) is thought to spread mainly from person to person, mainly through respiratory droplets produced when an infected person coughs, sneezes, or talks. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs. Spread is more likely when people are in close contact with one another (within about 6 feet). Because it is a new virus, scientists are learning more each day. Although most people who have COVID-19 have mild symptoms, COVID-19 can also cause severe illness and even death. Some groups, including older adults and people who have certain underlying medical conditions, are at increased risk of severe illness. As with any social activity, participation in Girl Scouts could present the risk of your Girl Scout contracting COVID-19. While the Girl Scouts of Southern Nevada takes every safety and preventative precaution recommended by the Centers for Disease Control and Prevention ("CDC") as well as State and local authorities, Girl Scouts of Southern Nevada can in no way represent, warrant or guarantee that COVID-19 infection will not occur through participation in troop or council programs."

Please update your girl(s) health history form if anything has changed. If you have special instructions or comments, please use the reverse side.

Troop/Group \_\_\_\_\_ is planning a \_\_\_\_\_

Time \_\_\_\_\_ Date \_\_\_\_\_ 20 \_\_\_\_\_

Location \_\_\_\_\_ Phone \_\_\_\_\_

**ARRANGEMENTS FOR TRANSPORTATION:**

(\*Please note, 15 passenger vans are not permitted, see Volunteer Essentials & Safety Activity Checkpoints)

Time and place of departure \_\_\_\_\_

Time and place of return \_\_\_\_\_

Mode of transportation\* \_\_\_\_\_

**VOLUNTEERS ACCOMPANYING THE GIRLS:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

**EACH GIRL WILL NEED:**

Expenses (if any) \_\_\_\_\_ Equipment and clothing \_\_\_\_\_

- This event is a non-refundable event.
- A complete/partial refund may be possible if written request is received by: \_\_\_\_\_
- All activities in water knee level or above require a certified life guard; certification has been forwarded to council and is on file.**

**IN CASE OF EMERGENCY, THE VOLUNTEER WILL NOTIFY:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

**RETURN THIS PORTION TO VOLUNTEER**

(Girl's Name) \_\_\_\_\_ has permission to participate in (event) \_\_\_\_\_ on (date) \_\_\_\_\_. She is in good physical condition and has not had any serious illness or operation since her last health examination.

**DURING THE ACTIVITY, I MAY BE REACHED AT:**

Address \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Phone \_\_\_\_\_

**IF I CANNOT BE REACHED IN THE EVENT OF AN EMERGENCY, THE FOLLOWING PERSON IS AUTHORIZED TO ACT ON MY BEHALF: (Make sure this person can be contacted during this event).**

Name and Address \_\_\_\_\_ Zip \_\_\_\_\_

Relation to participant \_\_\_\_\_ Phone \_\_\_\_\_

Physician's name \_\_\_\_\_ Phone \_\_\_\_\_

CAREGIVER'S SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_