



COVID-19 Troop Meeting Permission Form

Permission for Girl Scout(s) to participate at meeting location

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.

GirlScout Name _____ Caregiver's Name _____

In case of emergency notify:

Full Name _____ Full Name _____
Home _____ Home _____
Cell _____ Cell _____
Relationship _____ Relationship _____

(Girl's name) _____ has my permission to be a Girl Scout for the 20____-20____ year and join troop # _____ in regular meeting activities. I understand that for any activity which takes place at a different time and/or place than a regular meeting, I will receive a ACTIVITY PERMISSION FORM to fill out and return to the troop leader permitting my girl to participate.

I do do not give my permission for my Girl Scout to be photographed or to have photos used for the purpose of promoting Girl Scouting.

Persons permitted to pick up my Girl Scout from activities:

- 1. _____ Phone _____
- 2. _____ Phone _____
- 3. _____ Phone _____
- 4. _____ Phone _____

PERMISSION FOR EMERGENCY TREATMENT

In the event (Girl Scout's name) _____ becomes ill or sustains an injury while in the care of or under the supervision of the Girl Scouts of Southern Nevada or any of its officers or leaders, I authorize first aid to be administered. If it should become necessary to seek professional medical treatment, I give permission for a licensed medical professional to administer any medical and/or surgical treatment he/she deems necessary, including hospitalization. I understand that every effort will be made to contact me, or if not possible, one of the parties listed under Emergency Contact. I accept full financial responsibility for all expenses incurred that are not covered by Girl Scout Activity Insurance.

Caregiver Signature _____ Date _____

Phone (day) _____ (evening) _____

I **do not** desire this authorization and understand that in so choosing I release and relieve from all liability whatsoever Girl Scouts of Southern Nevada, its officers and leaders. In case of emergency, please follow this procedure:

Caregiver Signature _____ Date _____