Girl Scouts of Southeastern Michigan

2026 Parent Permission for Girl Scout Trips/Outings

This parent permission is to be used for all outings and trips away from the regularly-scheduled meeting time, date, or place. This from must be submitted prior to event.

America's Thanksgiving Day Parade – GSSEM Girl Participants

Practice Dates
Thursday, November 19 // 7:00 PM–9:00 PM
Eastern Market - Shed 5
2810 Russell St
Detroit, MI 48207

Saturday, November 21 // 1:00 PM–3:00 PM
Central United Methodist Church
3882 Highland Rd
Waterford Twp, MI 48328

Dress Rehearsal
Tuesday, November 24 // 7:00 PM–9:00 PM
Eastern Market - Shed 5
2810 Russell St
Detroit, MI 48207

America's Thanksgiving Day Parade
Thursday, November 26, 2026
Woodward Avenue
Detroit, MI

GSSEM Staff Accompanying the Girls
Jennifer Prahler - 248-871-9217
Kaylyn Borucki - 313-870-2546

Transportation
Girls will be bussed to the parade route on Woodward Ave (drop-off/pickup - Detroit Service Center). Girls must arrive by 6:00 AM and picked up when the bus arrives back at the Detroit Service Center (approx 11:45am)

Necessary Clothing/Equipment
Please wear black shoes, black pants, a black turtleneck, a jacket and hat (provided by GSSEM), and any other gloves, or props that GSSEM and/or The Parade Company provides.

In case of emergency, a parent will be notified.

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Parents/Guardians to complete and turn in to GSSEM. Retain page 1 for your information.

My daughter _____ has permission to participate in **America's Thanksgiving Day Parade, the required dance training(s) and the required dress rehearsal** with Girl Scouts of Southeastern Michigan.

My daughter will need the following reasonable accommodations to participate. (please describe):

If I (we) cannot be reached in the event of an emergency, the following person is authorized to act in my (our) behalf:

Name: _____ Phone number ( ) _____

Relationship to participant: _____

PERMISSION TO DISPENSE MEDICATION

This section is only to be used by parents when medication needs to be dispensed to a minor during the events outlined at the top. Please complete the form below and return to the leader along with the Parent Permission for Girl Scout Troop Trip/Outing Form.

PLEASE NOTE: All prescribed and over-the-counter medications must be in their original containers with the original dosage or prescribed directions on the container. Pills and/or vitamins will not be allowed in a baggie or pre-counted in a pill box. Include things such as allergy and menstrual cramp relief medications. If a prescription does not have your child's name as the designated patient, the medication will not be administered. Over-the-counter or prescription medications will be collected by the adult chaperone/First Aider who will be responsible for dispensing the medication. The only exceptions will be EpiPens and inhalers, which should be listed below and carried by the girl. Medication will not be dispensed without a parent/guardian signature.

1. My Child is allergic to the following medications:

A: _____ B: _____

2. My Child will need the following medication during America's Thanksgiving Day Parade, required dance trainings, and required dress rehearsal

(Include such things as allergy and menstrual cramp relief medications. If a prescription does not have your child's name as the designated patient, we cannot administer the medication)

Medication Name Prescription/Non-Pres. Dosage Amount & Time Possible Side Effects

A: _____

B: _____

3. My child has my permission to take the over-the-counter medications indicated below as deemed necessary by the event First Aider/health supervisor:

Acetaminophen (i.e. Tylenol, Anacin II)	☐ Yes	☐ No	Ibuprofen (i.e. Advil, Motrin)	☐ Yes	☐ No
Throat Lozenges	☐ Yes	☐ No	Antibiotic Ointment	☐ Yes	☐ No
Eye Rinse	☐ Yes	☐ No	Caladryl/Benedryl	☐ Yes	☐ No
Tums	☐ Yes	☐ No	Hydrocortisone Cream	☐ Yes	☐ No
Other:	☐ Yes	☐ No	Other:	☐ Yes	☐ No

Medication will not be dispensed without a parent/guardian signature.

Signature of Parent/Guardian: _____ Date: _____

Print Name: _____ Relationship: _____

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Girl and Adult Health History Form

This health history is to be completed and signed by parent/guardian of the girl or by participating adult.

Name: _____ Date of Birth: _____ Age: _____

Address: _____ City: _____ Zip: _____

Parent/Guardian (if applicable) _____ Business Phone #: _____

Daytime Phone #: _____ Alternate Phone #: _____

Name of Family Physician: _____ Phone #: _____

Family Medical/Hospital: _____

Insurance Carrier: _____ Policy or Group No. _____

Date of last health examination: Month _____ Date _____ Year _____

Were there any complicating medical problems noted in the examination: _____

_____

Is participant currently under the care of a physician or psychologist? ☐ Yes ☐ No

Since last health exam, has participant had:

a serious injury requiring medical attention?	☐ Yes	☐ No
any prescribed or over-the-counter medication?	☐ Yes	☐ No
treatment in a hospital or emergency room?	☐ Yes	☐ No
any exposure to a contagious disease?	☐ Yes	☐ No

Please explain any "YES" answers to the above questions (Include Dates)

_____

Is your immunization history up to date: ☐ Yes ☐ No

List any known allergies/health conditions: _____

List any activities that should be encouraged or restricted: _____

I know of no reason(s), other than the information indicated on this form, why my daughter/ward should not participate in any Girl Scout activity. I give permission for my daughter/ward to have emergency treatment if I or the emergency contacts listed on the cannot be reached for authorization.

Signature of parent/guardian _____ Date _____