

Annual Girl Scout Permission Form

Complete this form at the beginning of each troop year, and keep with the troop/group records.

Please print child's name

Date of Birth

City/Town Troop/Group#

Child's Pronouns: she/her, he/him, they/them, _____

Neighborhood Walking Trips: My Girl Scout has permission to attend neighborhood walking trips during which time the troop will leave the meeting place and return at the regular ending time. Yes___ No ___ (initials) ___

Video/Photo Release: I hereby consent that the video, photographs and/or audio recordings that may include my Girl Scout may be used by Girl Scouts of the USA and Girl Scouts of Eastern Massachusetts (GSEMA).

Yes___ No ___ (initials) ___

Product Sale Programs: My Girl Scout has my permission to participate in Girl Scout Product Programs. I agree to accept financial responsibility for all products and money that they receive, and I will see that they have adult supervision at all times. I understand that monies collected by my Girl Scout belong to Girl Scout Troop and to GSEMA. I also understand that orders should not be taken before the opening day of the sale because a Girl Scout does her best to be honest and fair. Yes___ No ___ (initials)___

RELEASE RESTRICTIONS (authorized and unauthorized child pick up)

My Girl Scout may not be released to: _____

My Girl Scout may only be released to: _____

HEALTH HISTORY

Do we need to know anything about your Girl Scout's health to ensure her safety in the program? (e.g. uses an inhaler, has a seizure disorder, special needs etc.) _____

Does your Girl Scout have allergies? (ie: food, medicine) _____

Does your Girl Scout have dietary restrictions/preferences? (ie: vegetarian, vegan, kosher, halal) _____

Date of last tetanus shot. May be on medical records as DT, DTaP, Td, or Tdap. Month: _____ Year: _____

PERMISSION TO SEEK EMERGENCY MEDICAL ATTENTION

By signing this form, I (we) hereby authorize Girl Scouts of Eastern Massachusetts and my (our) Girl Scout's troop leader to consent to any medical care and treatment for _____ that is recommended by a licensed healthcare provider to whom the child is presented for treatment. In order to ensure that the child receives prompt emergency medical care and treatment when necessary, I (we) hereby release any licensed health care provider providing medical care to the child in reliance of this form from liability relating to such provider's acceptance of my (our) substitute care giver's consent.

Parent/Guardian Printed Name: _____ Signature: _____

Parent/Guardian Pronouns: she/her, he/him, they/them, _____ Today's Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Work: _____

Emergency contacts should be persons other than parents/guardians listed above:

1st Emergency Contact: _____ Phone: _____

2nd Emergency Contact: _____ Phone: _____

Please use the back to add any additional comments you would like to share about your child.