

## Annual Permission Form

October 1, \_\_\_\_\_ to September 30, \_\_\_\_\_

\_\_\_\_\_ 5 Digit Troop #

*This form will be retained by the troop/group leader.*

Name of Girl Scout		Date of Birth	Grade Fall <input style="width: 40px; height: 15px;" type="text"/>	School
Name of Parent/Caregiver		Relationship to Child	Email	
Mobile Phone	Home Phone	Work Phone		Place of Employment
Street Address		City		State
		Zip		
Emergency Contact #1		EC #1 Phone(s)		EC #1 Relationship to Child
Emergency Contact #2		EC #2 Phone(s)		EC #2 Relationship to Child

Yes No **Permission for Trips:** My daughter/dependent has permission to travel to, attend, and participate in troop activities that are 1) located within one hour's driving time of the regular meeting place, 2) not exceeding 6 hours and 3) not considered high risk activities

Initials: \_\_\_\_\_ outlined in Safety Activity Checkpoints (ex: high ropes, zip line, equestrian). **Troop/group leader must provide written details prior to each trip. Trips outside of these parameters require a separate permission form.**

Yes No **Permission to Participate in Product Sales:** My daughter/dependent has permission to participate in the Fall Magazine & Snack Program and the Cookie Program. I agree to accept financial responsibility for all orders and monies for which my Girl Scout is accountable

Initials: \_\_\_\_\_ and will observe and adhere to all procedures and deadlines imposed. I understand that product may not be returned and that all money earned is the property of Girl Scouts of North East Ohio and not to be retained by any one individual. I understand that Girl Scouts reserves the right to take appropriate action to secure payments for products received by me. I further understand that she must have adult guidance at all times when participating in the Product Sale and she must not take product orders before the official start of the product sale program as determined by Girl Scouts of North East Ohio. Driver's License # \_\_\_\_\_

Yes No **Permission to Use Photographs:** I consent that photographs, videos, and/or audio recordings of my daughter/dependent may be used by the troop/group leader for public relations and publicity purposes, including GSNEO publications, social media, and various forms of media. While GSNEO typically does not use girls' last names, I understand that her last name may be used by the media for publicity purposes.

Initials: \_\_\_\_\_

Yes No

Initials: \_\_\_

**Permission for Emergency Medical Treatment:** In the event of an emergency, every effort will be made to contact a parent/caregiver or emergency contact. If no contact can be made, I hereby give authorization to Girl Scouts of North East Ohio to seek treatment for my child and/or dependent minor by a licensed physician. I know of no reason(s) why my daughter/dependent may not participate in prescribed activities except as noted on the Personal Health and Medical Record Form. **If permission for emergency medical treatment is not given, please prepare a signed statement providing the reason, a release of liability, and alternate instructions and attach to this form.**

**Special Accommodations:** My daughter/dependent requires the following special accommodations (write "none" if there are none):

**Parent/Caregiver Agreement:** I have read and understand this Annual Permission Form. I may change or revoke any aspect of this agreement at any time by submitting my request, in writing to the troop/group leader.

\_\_\_\_\_  
Signature of Parent/Caregiver

\_\_\_\_\_  
Date

*If I decline to complete this form, I agree to provide the troop leader with individual permission forms for all trips and product sales.*