

GIRL INFORMATION

Girl Scout's Name _____ Troop # _____
 Address _____
City State Zip Code
 Home Phone _____ Other Phone _____
 Grade (fall 20____) _____ Birth Date _____

PERMISSION FOR ACTIVITIES

Yes – Initialed _____ No – Initialed _____

By checking “No”, I am requesting to sign individual permission slips for each activity.

My child has permission to travel to, attend and participate in troop and council-sponsored activities that are (1) a day trip and 2) not considered high-risk activities as outlined by Girl Scouts of South Carolina – Mountains to Midlands /GSUSA. Leaders will be notifying parents or guardians of activities planned.

PERMISSION TO USE PHOTOGRAPHS

Yes – Initialed _____ No – Initialed _____

I hereby consent that the videotapes, photographs, motion pictures, electronic images and/or audio recordings of my child may be used by Girl Scouts for public relations and publicity purposes. I understand that her last name and residence will not be utilized for publicity purposes.

PERMISSION TO PARTICIPATE IN PRODUCT SALES

Yes – Initialed _____ No – Initialed _____

My child has permission to participate in the fall and cookie product sales programs. I agree to accept financial responsibility for all products and money she receives, and I understand that she must have adult guidance at all times when participating in a Girl Scout product sales program. I further understand that my child may not take product orders before the official start date of the product sale program as determined by Girl Scouts of South Carolina – Mountains to Midlands.

PERMISSION FOR EMERGENCY MEDICAL TREATMENT (AND SHARING HEALTH HISTORY)

Yes – Initialed _____ No – Initialed _____

In the event of an emergency, every effort will be made to contact a parent/guardian/emergency contact person. If no contact can be made, I hereby give authorization to Girl Scouts of South Carolina – Mountains to Midlands and agents, to seek treatment for my child and/or dependent minor by a licensed professional or dentist. I know of no reason(s) why my child may not participate in prescribed activities as noted on the health history form.

If permission for emergency medical treatment is not provided, Girl Scouts of South Carolina – Mountains to Midlands shall be released from all liability resulting from untreated injury or illness and shall be held harmless for the same. If you wish to provide specific, alternative instructions, please do so on the back of this form.

If I cannot be reached, the following person(s) can act on my behalf.

Name _____ Phone(s) _____ Relationship _____
 Name _____ Phone(s) _____ Relationship _____

PARENT 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 leader.

Printed name of Parent/Guardian _____ Signature of Parent/Guardian _____ Date _____
 Address _____ City/State/Zip _____ E-mail address _____
 Home Phone _____ Work Phone _____ Mobile Phone _____ Other Phone _____