

Annual Permission Form

October 1, 20____ to September 30, 20____

Complete this form at time of registration.
This form will be retained by the Troop/Group leader

Name of Girl Scout	Member ID	Troop #	Service Unit #
Address	Home Telephone	Other Telephone	
City/State/Zip	Date of Birth	Grade Fall 20____	School
Emergency Contact Name	Emergency Contact Phone(s)	Relationship to Child	
Emergency Contact Name	Emergency Contact Phone(s)	Relationship to Child	
Printed Name of Parent/Guardian		Home Phone	
Address	City/State/Zip	Work Phone	
Email Address		Mobile Phone	
Relationship to Child			

Yes **No** **Permission for Trips:** My daughter/ward has permission to travel to, attend and participate in troop and council-sponsored 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 as outlined in *Safety-Wise*®.

 Initials _____

Yes **No** **Permission to Participate in Product Sales:** My daughter/ward 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 understand that Girl Scouts reserves the right to take appropriate action to secure payment for product received by me. I further understand that she must have adult guidance at all times when participating in a Girl Scout product sale program and that my daughter/ward may not take product orders before the official start of the product sale program as determined by Girl Scouts of Northern California.

 Initials _____

Yes **No** **Permission to Use Photographs:** I hereby consent that the videotapes, photographs, motion pictures, electronic images and/or audio recordings of my daughter/dependent may be used by Girl Scouts for Public Relations and Publicity purposes. I understand that her last name and residence will not be used for publicity purposes.

 Initials _____

Yes **No** **Permission for Emergency Medical Treatment:** In the event of an emergency, every effort will be made to contact a parent/guardian or emergency contact. If no contact can be made, I hereby give authorization to Girl Scouts of Northern California to seek treatment for my child and/or dependent minor by a licensed physician pursuant to California Family Code Section 6910 and California Civil Code Section 25.8. I know of no reason(s) why my daughter/dependent may not participate in prescribed activities except as noted on the Health History 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.**

 Initials _____

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

Parent Agreement: I have read and understand this Annual Parent 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/Guardian _____ Date _____