

## Annual Girl Permission Form Year: 20 \_\_\_\_ to 20 \_\_\_\_

*This form is to be completed at the beginning of each membership year and kept with the troop/group records.*

\_\_\_\_\_  
Please print girl's name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
City/Town Troop/Group#

**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 videotapes, 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. Yes \_\_\_\_ No \_\_\_\_ (initials) \_\_\_\_

**Girl Scouts Eastern Massachusetts Surveys** – In order to continually improve our Girl Scouts Eastern Massachusetts services, we would like permission to survey your Girl Scout about her Girl Scout experience. **All of the girls' answers will be confidential.** No names will be written on any of the surveys. Yes \_\_\_\_ No \_\_\_\_ (initials) \_\_\_\_\_

**Product Sale Programs** – My Girl Scout has my permission to participate in the Girl Scout Product Sales Programs. I agree to accept financial responsibility for all products and money that she receives and I will see that she has adult supervision at all times. I understand that monies collected by my Girl Scout belong to Girl Scout Troop and to Girl Scouts of Eastern Massachusetts. 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

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. she uses an inhaler, has a seizure disorder, special needs etc.) \_\_\_\_\_

Does your Girl Scout have allergies? (ie: food, medicine) Please be specific: \_\_\_\_\_

Date of last tetanus shot. Please be specific: \_\_\_\_\_

**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: \_\_\_\_\_

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 girl