

This form obtains parent/caregiver permission for all troop meetings, events, and activities for the Girl Scout year, *excluding extended-day trips (8+ hours), overnights, and/or high-risk activity as defined by Safety Activity Checkpoints*. Troop leaders agree to inform parents, in print or electronically, when an activity is away from the normal meeting site(s). With the use of this form, additional permission forms are not required for troop events or activities, unless requested by the vendor or event planner, or as referenced above for extended-day trips, overnights, and/or high-risk activities.

Name of Girl Scout:		Troop #:	Service Unit:
Address:		Phone #:	
City/State/Zip:			
Name of Parent/Caregiver:		Phone #:	Relationship to Child:
Email Address:		Additional Phone #:	
Emergency Contact Name:	Emergency Contact Phone #:	Relationship to Child:	
Emergency Contact Name:	Emergency Contact Phone #:	Relationship to Child:	

For all activities the troop/group leader/advisor will notify me of the following (as applicable): events/activity and location, place and time of departure, place and time of return, mode of transportation, equipment/clothing needed, amount of money needed by each child, first-aider, and troop/group emergency contact. Communication may be via email, Volunteer Tool Kit, closed social media groups, text, or other form of communication, as determined by the troop/group.

Yes **No**
Initials _____
Permission for Activities: My child has permission to attend regular troop meetings, travel to, attend, and participate in troop and council-sponsored activities that are no longer than eight (8) hours in duration. Total time includes drive time and event/activity time. Anything that through the normal course of drive time and event/activity time that is 8 plus hours in duration is to be considered an extended-day event/activity and will need approval by using the Parent Permission Form.

Yes **No**
Initials _____
Permission to Participate in Product Program: My girl member has permission to participate in the Fall Take Action and Cookie Product 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 participants in a Girl Scout product sale program and that my girl member may not take product orders before the official start of the product program dates as determined by Girl Scouts of Northern California.

Permission for Emergency Medical Treatment: In the event of an emergency, every effort will be made to contact a parent/caregiver or emergency contact. 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 child may not participate in prescribed activities except as noted on the Health History Form. If permission for emergency medical treatment is not given, I will prepare a signed statement providing the reason, a release of liability, and alternate instructions and attach to this form.

Yes No
Initials _____

Permission to Survey: I understand that my child may occasionally be asked to participate in evaluations/surveys as part of her Girl Scout activities. I understand that her participation is voluntary, and that she will neither receive compensation of any form for participating nor will her standing in her Girl Scout sponsored programs be affected, if she chooses not to participate. I further understand that my child's confidentiality will be protected throughout the entire project and that she will never be identified in any publication, written or spoken. I understand that she may discontinue taking evaluations/surveys at any time without consequence.

Yes No
Initials _____

For Sensitive Issues Only: I understand that during the course of an activity, my child may be exposed to issues and discussions that are, or could be, considered to be of a sensitive or controversial nature. I understand that I am responsible for communicating to the leader and adult-in-charge about any needs that my child may have in regard to sensitive topics. I am confident of her maturity and ability to participate. For planned discussions, the leader(s) will inform parents of dates and topics that will be discussed.

Yes No
Initials _____

Permission to Use Photographs: I hereby consent that the videotapes, photographs, motion pictures, electronic images and/or audio recordings of my girl members 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.

Yes No
Initials _____

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

Parent/Caregiver Responsibility: It is your responsibility to support your child's troop/group by:

- Providing supervision for your child before and after Girl Scout activities – never leave her unattended
- Letting troop adult volunteer know where you can be reached if not at the numbers listed above
- Updating the troop adult volunteer if information on this form changes
- Picking your child up on time
- Returning paperwork ahead of time
- Notifying the troop adult volunteer if your child will be absent
- Helping when needed/asked
- Ensuring that emergency contact is available

Parent Agreement: I have read, understand, and accepted this Annual Permission Form. I may update the information I have provided and/or revoke any specific permissions at any time by submitting my request, in writing, to the troop/group leader.

Signature of Parent/Caregiver:

Date: