



October 1, 20\_\_\_\_ to September 30, 20\_\_\_\_

# Annual Permission Form

Please refer to the updated [COVID-19 guidelines](#) on the GSNorCal website. These guidelines are consistent with the state of California’s new protocols that went into effect on March 12, 2022 and provide information on practices associated with the wearing of masks, appropriate social distancing, camping, food handling, carpooling, and domestic and international travel. By participating in Girl Scout activities and events: a) you acknowledge that an inherent risk of exposure to COVID-19 exists for any in-person activity, including meetings, activities, events, and trips; and b) you are voluntarily assuming all risks related to exposure to COVID-19 and agree not to hold Girl Scouts of Northern California, or any of its directors, employees, agents or volunteers, liable for any illness or injury.

Name of Girl Scout: \_\_\_\_\_

Service Unit #: \_\_\_\_\_

Girl Email: \_\_\_\_\_ Girl Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade in the Fall: \_\_\_\_\_ School Attending: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Name	Relationship to Child	Phone
Emergency Contact Name	Relationship to Child	Phone

### Specific Permissions

Yes No **Permission for Virtual Meetings:** My girl member has my permission to attend and participate in council-sponsored virtual meetings and activities through online platforms, like [Zoom](#) and [Google Classroom](#). Guidelines outlined in GSNorCal's Safety Activity Checkpoint for Virtual Troop Meetings will be used to plan safe and meaningful meetings and activities. LINK for Safety Activity Checkpoint: [https://www.gsnorcal.org/content/dam/girlscouts-gsnorcal/documents/volunteer\\_resources/sac/virtual-troop-meetings.pdf](https://www.gsnorcal.org/content/dam/girlscouts-gsnorcal/documents/volunteer_resources/sac/virtual-troop-meetings.pdf).

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

Yes No **Permission for Trips:** My girl member 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 regular meeting place, 2) not exceeding 6 hours, and 3) not considered high risk activities as outlined in the *Volunteer Essentials*, which can be found here: <http://ve.gsnorcal.org/>

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

Yes No **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.

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

Yes No **Permission to Use Photographs:** I hereby consent that the videotapes, photographs, motion pictures, electronic images and/or audio recordings of my girl member 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  
Initials: \_\_\_\_\_

**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 (Girl Scout's Name: \_\_\_\_\_) 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 she 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.**

Yes No  
Initials: \_\_\_\_\_

**Permission for COVID-19 Testing:** I hereby give my consent for my girl to be tested for the COVID-19 virus while participating at a trip or overnight event by the event First Aider, using an over-the-counter test, should my girl become ill or exhibit COVID symptoms. If permission is not given for COVID-19 testing, I agree to pick up my girl as soon as possible after the First Aider has contacted me.

Yes No  
Initials: \_\_\_\_\_

**Permission to Survey:** My initials certify that I understand that my girl member 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 girl member'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.

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

**Parent Agreement:** I have read, understand, and accept this Annual Parent Permission Form. I may update 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/Guardian

\_\_\_\_\_  
Date