



Girl Scouts.

Girl Scouts of Northern California

ANNUAL PERMISSION FORM

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

COMPLETE THIS FORM AT REGISTRATION TIME. THIS FORM WILL BE RETAINED BY THE TROOP/GROUP LEADER.

Form with fields: Girl Scout, Member ID, Troop, Service Unit, Street Address, City, State, Zip Code, Home Phone, Other Phone, Grade (fall 20\_\_), Birth Date, School.

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©.

Yes ( ) No ( )

Initialed \_\_\_\_\_

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.

Yes ( ) No ( )

Initialed \_\_\_\_\_

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.

Yes ( ) No ( )

Initialed \_\_\_\_\_

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 not participate in prescribed activities except as noted on the Health History Form.

Yes ( ) No ( )

Initialed \_\_\_\_\_

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.

Special Accommodations

My daughter/ward requires the following special accommodations (write "none" if there are none)\_\_\_\_\_

Emergency Contact

Emergency Contact form with fields: Name, Phone(s), Relationship to Child.

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.

Parent Agreement form with fields: Printed Name of Parent/Guardian, Signature of Parent/Guardian, Date, Street Address, City, State, Zip, E-Mail Address, Home Phone, Work Phone, Mobile Phone, Other Phone.