

PARENT / GUARDIAN CONSENT FORM

Product Sale Permission ◆ Product Sale Responsibility
Photo Release ◆ Emergency Medical Treatment
Family Champion Campaign

		GIRL INFORMATION		
Girl Scout Name		Troop # Troop Leader Name		r Name
		Are you a forme	r Girl Scout? Yes] No
	Parent(s) Name			
Street Address		City	State	ZIP
Home Phone		Cell Phone E-Mail Address		
	P	ERMISSIONS AND RELE	ASE	
☐ Yes ☐ No Initials	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 I further understand that product sale monies collected by my family or daughter/ward belong to her Girl Scout troop and Girl Scouts of Michigan Shore to Shore.			
☐ Yes ☐ No Initials	My daughter/ward may participate in regular troop meetings, program evaluations, and activities that start and end at the usual meeting place and time, and may involve walking.			
☐ Yes ☐ No Initials	I understand that I am responsible for making provisions for my daughter/ward to get to and from all troop meetings and events.			
☐ Yes ☐ No Initials	Permission to Use Photographs: I hereby consent that the videotapes, photographs, motion pictures, electronic images and/or audio recordings taken of my daughter/ward at Girl Scout events are Council property and may be used by Girl Scouts for Public Relations and Publicity purposes. To protect girls, GSMISTS only publishes first names, if any.			
☐ 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 Michigan Shore to Shore to seek treatment for my child and/or dependent minor by a licensed physician pursuant to the Michigan Child Care Licensing Act 116 of 1973, Section 14a.			
Special Accommo	odations: My daughter/ward requir	es the following special accommodation	ons (write "none" if there are none):
		estand this Parent/Guardian Consent For		spect of this agreement
Signature of Parei	nt/Guardian		Date	
	F.A	MILY CHAMPION CAMP	AIGN	
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Girls Need Your Support Family Champion is an annual giving campaign that supports quality programs and services for girls, including camping, publications, and training for leaders. It costs Girl Scouts of Michigan Shore to Shore Council \$285 per girl to deliver the Girl Scout program each year. Your gift (at whatever level is right for you and your family) will remain in the GSMISTS Council and support girls locally. Thank You!		I Would Like To Contribute (please check one) □ \$25 □ \$50 □ \$100 □ \$250 □ \$500 □ Other: \$		
		☐ Check enclosed ☐ Credit Card (below)		
		☐ I want to make my gift in monthly installments. Please charge my credit card \$ per month for one year.		
		_	rd #: Exp. Date	
		Card Holder Signature:		
		☐ I prefer to make a secure Family Champion gift online at www.gsmists.org/give For donations of \$25 and above, your Girl Scout will receive the Family Champion patch.		