



Annual Permission Form

October 1, 20__ to September 30, 20__

www.girlscoutscs.org | Emergency: 1(800) 490-8653

Welcome to a great Girl Scout year!

This form obtains parent/caregiver permission for all troop meetings, events, and activities for the Girl Scout year, excluding overnights, and/or high-risk activities as defined by Safety Activity Checkpoints. Troop leaders agree to inform parents and the service unit manager, 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.

Name of Girl Scout _____ Troop # _____ Service Unit # _____

Address _____ Telephone _____

City/State/Zip _____

Printed Name of Parent/Caregiver _____ Home Phone _____ Relationship to Child _____

Email Address _____ Mobile Phone _____

Emergency Contact Name _____ Emergency Contact Phone(s) _____ Relationship to Child _____

Emergency Contact Name _____ Emergency Contact Phone(s) _____ Relationship to Child _____

For all activities the troop/group leader/advisor will notify me of the following (as applicable):

events/activity locations, place and time of departure, place and time of return, mode of transportation, equipment/clothing needed, amount of money needed by each girl, first-aider, and troop/group emergency contact. Communication may be via email, Volunteer Tool Kit, closed social media groups, Shutterfly page, text, or other form of communication, as determined by the troop/group.

Yes No **Permission for Activities** My girl has permission to attend regular troop meetings and travel to, attend, and participate in troop and council-sponsored activities.

Initials _____

Yes No **Permission for Product Program** My girl has permission to participate in the Girl Scout Product Programs including the Fall Product Program and/or Cookie Program, including attending boothing activities. I acknowledge that I am financially responsible for the product ordered and any funds collected. I am aware that no products can be returned.

Initials _____

Permission to Use Photographs:

I understand that when participating in Girl Scout activities, my girl may be photographed for print, video, or electronic imaging to be used in promotional materials, news releases, and other published formats for either Girl Scouts of Central California South (GSCCS) or Girl Scouts of the USA (GSUSA) or my troop/group. I acknowledge that the images will be the sole property of either GSCCS or GSUSA or the troop/group. I hereby consent that the video, photographs, electronic images and/or audio recordings of my girl may be used for public relations, publicity, and/or personal troop/group purposes. I understand that her last name and residence will not be used.

Yes No

Initials _____

Permission for Emergency Medical Treatment: In the event of an emergency, every effort will be made to contact a caregiver or emergency contact. I hereby give authorization to Girl Scouts of Central California South 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 girl 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 girl may be asked to participate in evaluations/surveys as part of her Girl Scouts. 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'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 girl 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 regards 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 via the sensitive issues form.

Yes No

Initials _____

Mosquitoes, Ticks, and Lyme's Disease Prevention: Mosquitoes, ticks, and insect bites are an inherent risk to any warm weather outdoor activity. I am aware of the need to have my girl properly covered, preferably with closed toe shoes and light-colored clothing and socks. I understand that my troop and Girl Scouts of Central California South cannot be held responsible for tick or any other insect bite.

Yes No

Initials _____

Parent/Caregiver Responsibility: It is your responsibility to support your girl'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 the emergency contact is available

HOLD HARMLESS

I, _____, on behalf of myself and my minor child (or children) or ward (if applicable), and in consideration of my child's or ward's involvement and participation in any and all Girl Scouts of Central California South ("GSCCS") activities, hereby agree that neither I, nor anyone claiming through me, will hereafter bring, commence, prosecute or maintain, or cause or permit to be brought, commenced, prosecuted or maintained, any claim, right of action, or suit, either at law or in equity, in any court in the United States or in any state thereof, or elsewhere, against the GSCCS, or its successors and assigns, for, on account of, arising out of, or in any way related to any damages or injuries arising from or related to the use of any real and personal property ("Property") owned, leased, or otherwise controlled directly or indirectly by the GSCCS, and/or the involvement or participation in any GSCCS activity.

Further, I agree that I will defend, indemnify, protect, and hold harmless GSCCS, and its successors and assigns, from any and all claims, demands, damages, loss, costs, expenses, and attorneys fees arising from or related to my or my child's or ward's use of GSCCS Property and/or the involvement or participation in any and all GSCCS activity and which arise from my, or my child's or ward's, acts or omissions.

Parent Agreement: I have read, understand and agree to be legally bound by 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.

Signature of Parent/Caregiver

Date