Annual Permission Form Instructions & Information

The annual permission form (pg 2-3) should be completed by all parents/guardians and volunteers at your first Girl Scout meeting of the year. Any new Girl Scouts (girls and volunteers) should also complete the form when they join your troop. Troop leaders must collect all the forms and have them available during all troop meetings as well as other Girl Scout activities. Adult volunteers only need to complete the health history portion of the form.

If the activity permission section is checked **Yes** — the Girl Scout has permission to attend activities within the parameters listed without additional parent/guardian permission. **Troop Leaders must still notify parents/guardians of these activities.** Activities that fall outside the parameters (for example: overnights or travel) must have a separate permission slip.

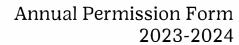
If the activity permission section is checked **No**— the parent/guardian of the Girl Scout must sign a permission slip for any activity that takes place outside the normal troop meeting

If the product program permission section is checked Yes — the Girl Scout has permission participate in the fall product and cookie programs

If the product program permission section is checked **No** — the Girl Scout has does not have permission participate in the fall product and cookie programs. They can participate in troop activities related to the product programs (for example: earning an entrepreneurship badge), but they cannot sell any fall products or cookies, including selling cookies at a cookie booth.

Health History Information

This side of the form must by a parent/guardian for each Girl Scout in the troop as well as each volunteer. Troop Leaders must keep these forms with them during troop meetings as well as other Girl Scout activities. Adult health history forms can be kept in a sealed envelope until needed.





Girl Scout's Name		Troop #	Grade (Fall 20)	Birthdate
Address				
Parent/Guardian Name 1	Phone	2	Email	
Parent/Guardian Name 2	Phon	e	Email	
Is your child allowed to walk h	nome alone after a Girl Scout Meetir	ng or Activity? Y	es No	
Additional Persons who may p	ick up your child (example: babysit	ter, carpool driv	er, Girl Scout volunteer, etc)
trip 2) less than 200 miles r of all planned activities with showing signs of cough, few ness while participating in a virtual meetings. I understa It is my responsibility to rev	travel to, attend, and participate ound trip, and 3) not considered h detailed information. I unders rer, or other symptoms of illness a Girl Scout activity, not unlike a and that different platforms coll view privacy settings. If I check als No—Initials	high-risk as o tand that my c s. I further und any other activ ect different ir "No", I unders	utlined by GSAK. Leader hild may not attend any erstand that my child ma ity. My child has permiss aformation and have vari	will notify caregivers Girl Scout activities if ay be exposed to illsion to participate in ous privacy settings.
bility for products and mormust have adult guidance a my Girl Scout may only tak proceeds are troop and couviduals as their property are dising at the CSAK.	participate in the fall product a ney she receives and deliver product all times when participating ince orders during the assigned time in ncil property and the funds are not all proceeds are retained by the seminations.	duct in a timely the Girl Scout nelines set fort for Girl Scouts ne troop and co	manner. I understand t product programs. I fur h by GSAK. I understand activities. Proceeds are puncil, not individuals. I a	hat my Girl Scout ther understand that that product program not retained by indi-
In the event of an emergence can be made, I hereby auth and/or dependent minor. I tory form on the back If I cannot be reached, the form	Medical Treatment & Sharing H cy, every effort will be made to co orize GSAK and agents, to seek to know of no reasons why my chi following person(s) can act on m Phone Phone	contact a parenmedical treatmedical treatmed in the contract of the contract o	nent by a licensed profes ticipate in activities as n Relationship	sional for my child oted on the health his-
Yes—Initials	_			
in a manner that models th	Scout activities I agree that my o e ideals and values of the Girl Sc may change or revoke any aspec	out Promise a	nd Law. I have read and	understand this
Parent Name	Parent Signature_		Date	



Signature of parent/guardian_

Annual Health History Form 2023-2024

Date_

Please complete this form at your first troop meeting. It is required for both girls and adult volunteers. Information on this side is confidential and is only shared with those caring for the participants, such as a first aider or medical professional.

Girl Scout's Name Family medical insurance carrier Date of last health exam		Phone Policy or group #		Name and phone of Emergency Contact #1			
				Name and phone of Emergency Contact #2			
		List of activities to be restricted					
Health conditions or concerns (a	ittach ac	 ditional informat	ion as needed)				
		,		Other			
Seizures	Diab			\rightarrow	Other		
Heart defect/disease		ing impairment		Other			
Adaptive Devices:	<u> </u>						
Glasses/Contact Lenses Hearing Aids			Other		Other		
Allergies—please specify exposu	l li		an't eat, can't toucl	1 1			
Animals		· · · · · · · · · · · · · · · · · · ·		-	, , , , , , , , , , , , , , , , , , ,	ppropries	
Hay fever/plants/pollen			Insect stings				
Medicines/drugs		Other					
Immunization History Date of last tetanus/Tdap: Medications I/My child needs or may need any							
her activity participation with her I will provide the following medica and must have written instruction none.)	troop or tions for	individually. (Write my child/dependen	"None" if there are	none nedic	~ ·	oackaging	
I will provide the following medica and must have written instruction none.) Physicians, nurses, medical profes "None" if there are none.)	troop or tions for s. Prescr sionals,	individually. (Write my child/dependen iption medications not first aiders MAY)	"None" if there are at. I understand all must include physic	none	ations must be in their originally pastructions. (Write "None" if there	ackaging are Write	
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I will provide the following medica and must have written instruction none.) Physicians, nurses, medical profes "None" if there are none.) Optional Permission I give permi directions. Check all the apply. Acetaminophen (Tylenol) Ibuprofen (Advil) Antacid (Tums)	troop or tions for s. Prescr sionals, or assion to a Ar Ar Ar	individually. (Write my child/dependent iption medications in processing in the following of the following in the following i	"None" if there are and all must include physical NOT administer the wing non-prescription ine) It (Neosporin) (Benadryl cream)	none	ations must be in their originally pastructions. (Write "None" if there wing medications or treatments (edications to my child according t Sunscreen Other: Other	ackaging are Write	