

## 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 be completed 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.



# Annual Permission Form

Year: \_\_\_\_\_

Please complete this form at your first troop meeting. Troop will keep original with troop paperwork.

Girl Scout's Name _____			Troop # _____		Grade (Fall 20__) _____		Birthdate _____	
Address _____								
Parent/Guardian Name 1 _____			Phone _____			Email _____		
Parent/Guardian Name 2 _____			Phone _____			Email _____		
Is your child allowed to walk home alone after a Girl Scout Meeting or Activity? Yes _____ No _____								
Additional Persons who may pick up your child (example: babysitter, carpool driver, Girl Scout volunteer, etc.) _____								

## Permission for Activities

My child has permission to travel to, attend, and participate in troop and council-sponsored activities that are 1) a day trip 2) less than 200 miles round trip, and 3) not considered high-risk as outlined by GSAK. Leader will notify caregivers of all planned activities with detailed information. I understand that my child may not attend any Girl Scout activities if showing signs of cough, fever, or other symptoms of illness. I further understand that my child may be exposed to illness while participating in a Girl Scout activity, not unlike any other activity. My child has permission to participate in virtual meetings. I understand that different platforms collect different information and have various privacy settings. It is my responsibility to review privacy settings. If I check "No", I understand I will need to sign permission slips for each activity.

<input type="checkbox"/> Yes—Initials _____	<input type="checkbox"/> No—Initials _____
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## Permission to Participate in Product Program

My child has permission to participate in the fall product and cookie programs. I agree to accept all financial responsibility for products and money she receives and deliver product in a timely manner. I understand that my Girl Scout must have adult guidance at all times when participating in the Girl Scout product programs. I further understand that my Girl Scout may only take orders during the assigned timelines set forth by GSAK. I understand that product program proceeds are troop and council property and the funds are for Girl Scouts activities. Proceeds are not retained by individuals as their property and all proceeds are retained by the troop and council, not individuals. I agree to abide by the policies set by GSAK.

<input type="checkbox"/> Yes—Initials _____	<input type="checkbox"/> No—Initials _____
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## Permission for Emergency Medical Treatment & Sharing History

In the event of an emergency, every effort will be made to contact a parent/guardian/emergency contact. If no contact can be made, I hereby authorize GSAK and agents, to seek medical treatment by a licensed professional for my child and/or dependent minor. I know of no reasons why my child may not participate in activities as noted on the health history form on the back

If I cannot be reached, the following person(s) can act on my behalf

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

<input type="checkbox"/> Yes—Initials _____
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When participating in Girl Scout activities I agree that my child (and I if applicable) is a registered member and will act in a manner that models the ideals and values of the Girl Scout Promise and Law. I have read and understand this annual permission form. I may change or revoke any aspect of this agreement at any time by submitting my request, in writing to the troop leader.

Parent Name \_\_\_\_\_ Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



# Annual Health History Form

Year: \_\_\_\_\_

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.

<b>Girl Scout's Name</b>	<b>Phone</b>	<b>Name and phone of Emergency Contact #1</b>
<b>Family medical insurance carrier</b>	<b>Policy or group #</b>	<b>Name and phone of Emergency Contact #2</b>
<b>Date of last health exam</b>	<b>List of activities to be restricted</b>	

## Health conditions or concerns (attach additional information as needed)

Asthma	Bleeding/Clotting disorders	Other _____
Seizures	Diabetes	Other _____
Heart defect/disease	Hearing impairment	Other _____

## Adaptive Devices:

Glasses/Contact Lenses	Hearing Aids	Other _____
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## Allergies—please specify exposure risk (can't be around, can't eat, can't touch, etc.), reaction, and treatment as appropriate

Animals _____	Food _____
Hay fever/plants/pollen _____	Insect stings _____
Medicines/drugs _____	Other _____

**Do any of these allergies require an epi-pen for treatment?** Yes (explain) \_\_\_\_\_ No \_\_\_\_\_

Dietary needs—describe any practices to be followed: \_\_\_\_\_

## Immunization History

Date of last tetanus/Tdap : \_\_\_\_\_ Date of MMR: \_\_\_\_\_ Date of last Tb Test: \_\_\_\_\_ Other: \_\_\_\_\_

## Medications

I/My child needs or may need any of the following medications, e.g., inhaler, Epi-pen, insulin, or specific accommodations during her activity participation with her troop or individually. (Write "None" if there are none) \_\_\_\_\_

I will provide the following medications for my child/dependent. I understand all medications must be in their originally packaging and must have written instructions. Prescription medications must include physician instructions. (Write "None" if there are none.) \_\_\_\_\_

Physicians, nurses, medical professionals, or first aiders **MAY NOT** administer the following medications or treatments (Write "None" if there are none.) \_\_\_\_\_

**Optional Permission** I give permission to administer the following non-prescription medications to my child according to package directions. Check all the apply.

Acetaminophen (Tylenol)	Anti-Nausea (Dramamine)	Sunscreen
Ibuprofen (Advil)	Anti-diarrhea (Imodium)	Other:
Antacid (Tums)	Antibacterial Ointment (Neosporin)	Other
Pepto Bismol	Topical antihistamine (Benadryl cream)	Other
Decongestant (Sudafed)	Topical Hydrocortisone (Cortizone)	Other
Oral Antihistamine (Benadryl)	Insect repellent	Other

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_