

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.

Activities

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: trips of 2 or more nights; travel over 400 miles) 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.

Product Programs

If the product program permission section is checked **Yes** - the Girl Scout has permission to participate in the fall product and cookie programs.

If the product program permission section is checked **No** - the Girl Scout does not have permission to 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.

Media Release

If the media release permission section is checked **Yes** - the parent/guardian agrees to allow their Girl Scout's photo, video, or voice to be used by Girl Scouts of Alaska and GSUSA for donor relations, publicity, and promotion, including in print, online, and on social media.

If the media release permission section is checked **No** - GSAK and GSUSA do not have permission to use the Girl Scout's photo, video, or voice for any means.

Health History Information

This 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

Membership 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.)

Must include name and contact information: _____

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 OR a single overnight, 2) less than 400 miles round trip, **and** 3) not considered high-risk as outlined by GSAK. The 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.

☐ Yes - Initials _____

☐ No - Initials _____

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 Scout 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.

☐ Yes - Initials _____

☐ No - Initials _____

Photo & Media Release

I give permission for my Girl Scout's photo, video, or voice to be used by Girl Scouts of Alaska and GSUSA for publicity and promotion, including in print, online, and social media. I understand no names will be used without additional consent.

☐ Yes - Initials _____

☐ No - Initials _____

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 _____

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 attached health history form.

☐ Yes - Initials_____

☐ No - Initials_____

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

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

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

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

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 original packaging and must have written instructions. Prescription medications must include physician's 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 (Check all that apply, write in other if applicable)

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

Parent/Guardian Name _____ Parent/Guardian Signature _____ Date _____