



Complete this form at the initial troop meeting. Troop leader will keep original.

# Annual Permission Form

October 1, 20\_\_\_\_ - September 30, 20\_\_\_\_

## GIRL INFORMATION

Girl Scout's Name \_\_\_\_\_ Troop # \_\_\_\_\_

Address \_\_\_\_\_  
 Street City State Zip Code

Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Grade (fall 20\_\_\_\_) \_\_\_\_\_ Birth Date \_\_\_\_\_

## PERMISSION FOR ACTIVITIES

Yes - Initialed \_\_\_\_\_  No - Initialed \_\_\_\_\_

**By checking "No", I am requesting to sign individual permission slips for each activity.**

My child has permission to travel to, attend and participate in troop and council-sponsored activities that are (1) a day trip, 2) not considered high-risk activities as outlined by Girl Scouts of Maine/GSUSA, and 3) occurring in Maine. Leaders will be notifying parents or guardians of activities planned.

## PERMISSION TO PARTICIPATE IN THE PRODUCT SALES PROGRAMS

Yes - Initialed \_\_\_\_\_  No - Initialed \_\_\_\_\_

My child 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 understand that she must have adult guidance at all times when participating in a Girl Scout product sales program. I further understand that my child may not take product orders before the official start date of the product sale program as determined by Girl Scouts of Maine.

## PERMISSION FOR EMERGENCY MEDICAL TREATMENT (AND SHARING HEALTH HISTORY)

Yes - Initialed \_\_\_\_\_  No - Initialed \_\_\_\_\_

In the event of an emergency, every effort will be made to contact a parent/guardian/emergency contact person. If no contact can be made, I hereby give authorization to Girl Scouts of Maine and agents, to seek treatment for my child and/or dependent minor by a licensed professional or dentist. I know of no reason(s) why my child may not participate in prescribed activities as noted on the health history form.

If permission for emergency medical treatment is not provided, Girl Scouts of Maine shall be released from all liability resulting from untreated injury or illness and shall be held harmless for the same. If you wish to provide specific, alternative instructions, please do so on the back of this form.

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

Name \_\_\_\_\_ Phone(s) \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone(s) \_\_\_\_\_ Relationship \_\_\_\_\_

## PARENT AGREEMENT

When participating in Girl Scout activities I agree that my child and I 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.

Printed Name of Parent/Guardian \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_ E-mail address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_ Other Phone \_\_\_\_\_