



Girl Scout Troop Annual Permission Form

October 1, 20__ to September 30, 20__

Troop Number: _____

This form is to be retained for troop records.

Name of Girl Scout	Date of Birth	Grade	School
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Street Address	City	State	Zip
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Name of Parent/Caregiver #1	Relationship to Child	Email
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Mobile Phone	Home Phone	Work Phone	Place of Employment
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Name of Parent/Caregiver #2	Relationship to Child	Email
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Mobile Phone	Home Phone	Work Phone	Place of Employment
			Yes No

Emergency Contact #1	Phone	Relationship to Child	Authorized to pick up child?
			Yes No

Emergency Contact #2	Phone	Relationship to Child	Authorized to pick up child?
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The following person(s) is/are **not** authorized to pick up my child following in-person Girl Scout activities:

Yes No **Permission for Trips & Activities:** My Girl Scout has permission to travel to, attend, and participate in troop activities that are 1) in the local area of the regular meeting place 2) not exceeding 24 hours and 3) not considered high adventure activities requiring GSNETX approval as outlined in Safety Activity Checkpoints. I understand that in order to participate, there may be event fees, pre-planning meetings, or other requirements to participate.

Yes No **Illness Acknowledgment:** I understand that my child may not participate in an in-person activity if they appear to be ill or have been ill within the past 3 days, including a fever of 99.6°F or greater. I further understand that if my child appears to be ill when they arrive at an activity or become ill during the activity, I may be asked to pick up my child early from the activity. I understand that in-person Girl Scout activities may be impacted by the illness. I also understand that no list of restrictions, guidelines, or practices will 100% remove the risk of exposure to communicable illness and agree that my Girl Scout will comply with any and all protocols set by GSNETX or the in-person activity location to limit risk as much as possible.

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- Yes No **Behavior Acknowledgment:** I understand that all Girl Scouts are expected to follow the Girl Scout Promise & Law during activities. I understand that volunteers and Girl Scouts should work together to set age-appropriate and activity-specific behavior expectations and I will help to reinforce these with my Girl Scout. I understand that if my Girl Scout is unable or unwilling to follow these expectations, additional steps to ensure their safety and participation in the future may be required, such as a parent/caregiver or family attending Girl Scout activities.
- Yes No **Permission to Use Photographs:** I consent that photographs, videos, and/or audio recordings of my Girl Scout may be used and shared by the troop leadership for public relations and publicity purposes, including GSNETX publications, social media, and various forms of media. I understand that last name or other identifying information will not be used for publicity purposes.
- Yes No **Permission to Survey:** I understand that my Girl Scout may occasionally be asked to participate in evaluations or surveys as part of Girl Scout activities. I understand that participation is voluntary, and that no compensation of any form for participating will be received nor will standing in Girl Scout sponsored programs be affected for not participating. I further understand that my Girl Scout's confidentiality will be protected throughout the course of any type of evaluation and understand that an evaluation may be discontinued without consequence.
- Yes No **Permission for Emergency Medical Treatment:** I understand that in the event of an emergency, every effort will be made to contact a parent/caregiver or emergency contact. If no contact can be made, I hereby give authorization to Girl Scouts of Northeast Texas to seek treatment for my child and/or dependent minor by a licensed physician. I know of no reason(s) why my child may not participate in prescribed activities except as noted on the Health History Form. **If permission for emergency medical treatment is not given, please prepare a signed statement providing the reason and alternate instructions and return it to troop leadership with this form.**
- Yes No **Permission for Medication:** I understand that I must provide written permission for a First-Aider to administer any medication, supplement, or vitamin that my child may need. I understand that this written permission must include the name of the medication, supplement, or vitamin, the dosage, times and dates to be administered, and the reason for it is needed. I understand that I must sign and date this written permission and give it to the First-Aider, along with the medication, supplement, or vitamin, which must be in the original container.
- Yes No **Permission to Participate in Virtual Meetings (optional):** I give my Girl Scout permission to participate in virtual troop meetings and other virtual Girl Scout activities. I understand that participants will be asked to follow safety guidelines, including the GSNETX Internet Safety Pledge, and be expected to behave in a respectful manner just as they would during an in-person activity. I also understand that if a participant is acting inappropriately during a virtual activity, they may be removed from the activity. I acknowledge that depending on the platform, I may be asked to complete additional permission forms specific to my Girl Scout's participation. As necessary and applicable, I will provide supervision of my Girl Scout's use of technology while participating in virtual meetings.

Allergies: My Girl Scout has the following allergies: _____

Special Accommodations: My Girl Scout requires the following special accommodations:

Parent/ Caregiver Agreement: I have read and understand this Girl Scout Troop Annual Permission Form. I understand that I may change or revoke any aspect of this agreement at any time by submitting my request, in writing, to troop leadership.

Signature of Parent/Caregiver

Date