



Annual Caregiver Permission Form

October 1, _____ to September 30, _____

Troop/Group Leader agrees to:

- notify all parents/guardians and collect signed Caregiver Permission Form for Girl Scout Activity for any trip/activity outside of the normal meeting place or time.
- request updated emergency contact information for each trip/activity.

Troop/Group Leader Name	Signature	Date
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Parents/Guardians:

Name of Girl Scout	Troop/Group #
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Date of Birth	Grade	School
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Parent/Guardian Name	Home Phone	Cell Phone OK to text	Work Phone
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Parent/Guardian Email

Address	City/State/Zip
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Emergency Contact Name	Home Phone	Cell Phone	Relationship to Child
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Please initial:

Yes No Permission for Troop Meetings*: My child/dependent has permission to travel to attend and participate in our troop meetings that take place at the normal meeting place and time

** All activities outside of the normal troop meeting time and place require signed Caregiver Permission Form for Girl Scout Activities.*

Yes No Permission to Use Photographs: I hereby consent that my daughter's/dependent's name, image, and likeness, as shown in the videotapes, photographs, motion picture film and/or electronic images and/or audio recordings made of her voice may be used by Girl Scouts of the U.S.A., its assigns or successors, in whatever way they desire, including television and Web sites; furthermore, I hereby consent that such photographs, films, recordings, electronic images, and the plates, tapes and/or software from which they are made shall be their sole property, and they shall have the right to sell, duplicate, reproduce and make other uses of such photographs, films, recordings, electronic images, plates, tapes and software as they may desire free and clear of any claim whatsoever on my part.

Yes No Permission to Register Daughter/Dependent Online: I hereby consent for the leadership of this troop to register my daughter/dependent online for the current membership year.

Yes No Permission to give Medication: I hereby consent for the leadership of this troop to dispense over-the-counter medication and/or prescribed medication as listed below:

Special Accommodations (or write "none"): _____

Parent Agreement: I have read and understand this Annual Parent Permission Form. I will notify the troop/group leader of any changes in emergency contact information. I may change or revoke any aspect of this agreement at any time by submitting my request, in writing, to the troop/group leader.

Signature of Parent/Guardian	Date
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Parents/Guardians: Keep a copy of this form for your records and submit to your troop/group leader.