girl scouts of colorado

Annual Parent Permission Form

October 1, _____ to September 30, _____

Troop/Group Leader agrees to:

- notify all parents/guardians of 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 _____

Parents/Guardians:

Name of Girl Scout _____ Troop/Group # _____

Date of Birth _____ Grade _____ School _____

Parent/Guardian Name _____ Home Phone _____ Cell Phone _____ Work Phone _____

☐ OK to text

Parent/Guardian Email _____

Address _____ City/State/Zip _____

Emergency Contact Name _____ Home Phone _____ Cell Phone _____ Relationship to Child _____

Please initial:

Permission for Trips*: My daughter/dependent has permission to travel to, attend and participate in the following troop/group and Council-sponsored activities (please initial):

____ Yes ____ No Activities within 1 hour driving time of the meeting place and not exceeding 6 hours in duration.

____ Yes ____ No All activities, except those considered high-risk* or involving an overnight stay.

**High-risk activities and overnight/extended trips require an individual Parent Permission form.*

____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 _____

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