

Name of Girl Scout

Annual Permission Form

Service Unit #

October 1, 20___ to September 30, 20___

Troop#

Emergency After Hours: 520-977-6623

This form obtains parent/caregiver permission for all troop meetings, events, and activities for the Girl Scout year, excluding extended-day trips (8+ hours), overnights, and/or high-risk activity as defined by Safety Activity Checkpoints. Troop leaders agree to inform parents and the service unit manager, in print or electronically, when an activity is away from the normal meeting site(s). With the use of this form, additional permission forms are not required for troop events or activities, unless requested by the vendor or event planner, or as referenced above for extended-day trips, overnights, and/or high-risk activities. An electronic or paper version of this form should be retained by the troop leader for five years.

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Address		Telephone	
City/State/	Zip		
Printed Na	me of Parent/Caregiver Home Phone	Relationship to Child	
Email Addı	ress Mobile Phone		
Emergency	Contact Name Emergency Contact Phone(s)	Relationship to Child	
Emergency	Contact Name Emergency Contact Phone(s)	Relationship to Child	
Shutterfly	y contact. Communication may be via email, Volunteer page, text, or other form of communication, as determ to Permission for Activities My girl has permission to boothing activities for the product programs, and transcript and council-sponsored activities that are no longer to	nined by the troop/group. o attend regular troop meetings, avel to, attend, and participate in troop	
	time includes drive time and event/activity time. An of drive time and event/activity time that is 8 plus h extended-day event/activity and will need approval	ything that through the normal course ours in duration is to be considered an	
□Yes □ N	o Permission to Use Photographs:		
Initials	I understand that when participating in Girl Scout ac for print, video, or electronic imaging to be used in pand other published formats for either Girl Scouts Girl Scouts of the USA (GSUSA) or my troop/group. I acknowledge that the images will be the sole prope	oromotional materials, news releases, of Southern Arizona (GSSOAZ) or	
	troop/group. I hereby consent that the videotapes, photographs and/or audio recordings of my girl may be used by	s, motion pictures, electronic images	

relations, publicity, and/or personal troop/group purposes. I understand that her last

name and residence will not be used.

$\square Yes$	□No
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Permission for Emergency Medical Treatment: In the event of an emergency, every effort will be made to contact a parent/caregiver or emergency contact. I hereby give authorization to Girl Scouts of Southern Arizona to seek treatment for my child and/or dependent minor by a licensed physician. I know of no reason(s) why my girl may not participate in prescribed activities except as noted on the Health History Form. If permission for emergency medical treatment is not given, I will prepare a signed statement providing the reason, a release of liability, and alternate instructions and attach to this form.

□Yes □No Initials

Permission to Survey: I understand that my girl may occasionally be asked to participate in evaluations/surveys as part of her Girl Scout activities. I understand that her participation is voluntary, and that she will neither receive compensation of any form for participating nor will her standing in her Girl Scout sponsored programs be affected, if she chooses not to participate. I further understand that my girl's confidentiality will be protected throughout the entire project and that she will never be identified in any publication, written or spoken. I understand that she may discontinue taking evaluations/surveys at any time without consequence.

□**Yes** □ **No**Initials

For Sensitive Issues Only: I understand that during the course of an activity, my child may be exposed to issues and discussions that are, or could be, considered to be of a sensitive or controversial nature. I understand that I am responsible for communicating to the leader and adult-in-charge about any needs that my child may have in regards to sensitive topics. I am confident of her maturity and ability to participate. For planned discussions, the leader(s) will inform parents of dates and topics that will be discussed.

Parent/Caregiver Responsibility: It is your responsibility to support your girl's troop/group by:

- Providing supervision for your child before and
 after Girl Scout activities never leave her
 unattended
- Letting troop adult volunteer know where you can be reached if not at the numbers listed above
- Updating the troop adult volunteer if information on this form changes

- Picking your child up on time
- Returning paperwork ahead of time
- Notifying the troop adult volunteer if your child will be absent
- Helping when needed/asked
- Ensuring that the emergency contact is available

Signature of Parent/Caregiver	Date	

October 2023 2