



## Annual Parent Permission Form

October 1, \_\_\_\_ to September 30, \_\_\_\_

Complete this form at time of registration. This form will be retained by the Troop/Group Leader.

Name of Girl Scout	Troop #	Service Unit #	
Address	Home Telephone	Other Telephone	
City/State/Zip	Date of Birth	Grade	School
Printed Name of Parent/Guardian	Home Phone	Cell Phone <input type="checkbox"/> OK to text	Work Phone
Address	City/State/Zip	E-Mail Address	
Emergency Contact Name	Home Phone	Cell Phone	Relationship to Child

Please initial:

\_\_\_\_Yes \_\_\_\_No **Permission for Trips:** My daughter/ward has permission to travel to, attend and participate in troop and Council-Sponsored activities that are 1) located within one hour's driving time of the regular meeting place, 2) not exceeding 6 hours, and 3) not considered high risk activities as outlined in the Safety Activity Checkpoints.

\_\_\_\_Yes \_\_\_\_No **Permission to Use Photographs:** I hereby consent that her name, image, and likeness, as shown in the video-tapes, photographs, motion picture film and/or electronic images for which she posed, 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 for Emergency Medical Treatment:** In the event of an emergency, every effort will be made to contact a parent/guardian or emergency contact. If no contact can be made, I hereby give authorization to Girl Scouts of Colorado to seek treatment for my child and/or dependent minor by a licensed physician pursuant to Colorado (add code/law). I know of no reason(s) why my daughter/dependent 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, a release of liability, and alternate instructions and attach to this form.**

\_\_\_\_Yes \_\_\_\_No **Over the Counter Medications:** \_\_\_\_\_

\_\_\_\_Yes \_\_\_\_No **Permission to Register Daughter/Dependent Online**

**Special Accommodations:** My daughter/dependent requires the following special accommodations (write "none" if there are none):

**Parent Agreement:** I have read and understand this Annual Parent Permission Form. 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