



Annual Permission Form
To be completed by custodial guardian/adult
October 1, 20__ to September 30, 20__

COMPLETE THIS FORM AT REGISTRATION TIME. THIS FORM WILL BE RETAINED BY THE TROOP/GROUP LEADER.

Form with fields: Girl Scout's Name, Date of Birth, Troop, Service Unit, Street Address, City, State, Zip Code, Primary Email, Grade - Fall 20, School, Guardian/Adult, Phone.

Permission for Trips and/or Activities

The above Girl Scout 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 Safety Activity Checkpoints. In consideration of my Girl Scout being permitted to attend the Event, I (we) hereby release, waive, discharge and covenant not to sue the Girl Scout Council of California's Central Coast, its directors, officers, employees, volunteers and agents (collectively the "Council") from any and all liability to myself or my Girl Scout for any loss or damage, including property damage, personal injury, or death, whether caused by the negligence of the Council or otherwise, resulting from or related to my Girl Scout's participation in the event.

Yes [] No []

Permission to Use Photographs

Troop Leader(s) of troop listed above and/or Girls Scouts of California's Central Coast has my permission to use my or my Girl Scouts photograph publicly to promote Girl Scouts. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Initialed _____

Yes [] No []

Permission to Participate in Product Programs

The above Girl Scout has permission to participate in the fall and cookie product sales programs. I agree to accept financial responsibility for all products and money she receives and understand that she must have adult guidance at all times when participating in a Girl Scout product sale program. I understand that Daisy Girl Scouts MAY NOT PARTICIPATE in other money-earning activities, however they may participate in product programs. I further understand that my Girl Scout may not take orders before the official start of the product sale program as determined by Girl Scouts of California's Central Coast.

Initialed _____

Yes [] No []

Permission for Emergency Medical Treatment and Health History

I understand that in the event of an emergency due to sickness or accident, the troop/group leader or a representative of Girl Scouts of California's Central Coast will make every effort to contact me or the emergency contact designated below. If no contact can be made, I authorize Girl Scouts of California's Central Coast to seek treatment for my child by a licensed medical professional under the Medical Practice Act and pursuant to Section 25.8 of the California Civil Code.

Initialed _____

Yes [] No []

Special Accommodations*

My Girl Scout requires the following special accommodations (write "none" if there are none)

Initialed _____

*I understand that troop leaders are not trained professionals and may not be able to meet all accommodations.

#1 - Emergency Contact (If guardians/parents are not available)

Name Phone(s) Relationship to Child

#2 - Emergency Contact (if guardians/parents are not available)

Name Phone(s) Relationship to Child

Guardian/Adult Agreement

I have read and understand this Annual 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.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date