



of northern indiana-
michiana

Complete this form at the initial
troop/ caregiver meeting. Troop
leaders keep for their records.

Annual Permission Form

October 1, 20

- September 30, 20

GIRL INFORMATION

Girl Scout's Name _____ Grade _____ DOB _____

Address _____
Street City State Zip

Phone _____ Email _____

PERMISSION FOR ACTIVITIES *(does not include permission for Product Program sales)*

My child has permission to travel to, attend, and participate in troop and council-sponsored activities that are:

1) Day trips

2) Not considered specialized activities as outlined by GSNI-M/ GSUSA

Yes – Initialed _____ No – Initialed _____

By checking "No", I am requesting to sign Individual Activity Permission Forms for each activity.

PERMISSION FOR EMERGENCY MEDICAL TREATMENT

(includes sharing health history)

In the event of an emergency, every effort will be made to contact a caregiver/emergency contact person. If no contact can be made, I authorize the Girl Scout leader or adult in charge to consent to any necessary health care including: examination, medical diagnosis, anesthetic, surgery, or other treatment, and/or hospital care to be rendered to the above mentioned minor under the supervision of and/or advice of a licensed physician.

If permission for emergency medical treatment is not provided, GSNI-M shall be released from all liability resulting from untreated injury or illness and shall be held harmless for the same. If you wish to provide specific, alternative instructions, please do so on the back of this form.

Yes – Initialed _____ No – Initialed _____

If I cannot be reached, the following person(s) can act on my behalf.

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

PARENT/ CAREGIVER AGREEMENT

When participating in Girl Scout activities, I agree that my child and I will act in a manner that models the ideals and values of the Girl Scout Promise and Law.

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 leader.

Printed name of Caregiver _____ Signature of Caregiver _____ Date _____

Address _____
Street City State Zip

Phone _____ Email _____