



# Annual Permission Form

**Parents/Guardians:** BOTH sides of this form must be completed annually and turned in to the Adult Lead Volunteer for the group. Each individual activity beyond regular meetings will require an additional short *Activity Permission Form*. If registering individually for an activity, a separate event permission form may be requested.

**Adult Volunteer:** This form must be kept in a safe and confidential manner. Ask parent/guardian to review and update the information periodically during the year. The form must be on hand at every Girl Scout event in which the girl participates and must be kept on file for three (3) years.

### PLEASE PRINT

Troop number \_\_\_\_\_ Registration Area/SU \_\_\_\_\_

Girl's name \_\_\_\_\_ Birthdate \_\_\_\_\_ (mm/dd/yyyy)

Grade: \_\_\_\_\_ School \_\_\_\_\_ Level: (Choose 1) D B J C S A

Mailing address: \_\_\_\_\_  
Street City State Zip

Mother/Guardian name \_\_\_\_\_

Email: \_\_\_\_\_ home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

Father /Guardian name \_\_\_\_\_

Email: \_\_\_\_\_ home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

Emergency contact person, if parents/guardian cannot be reached:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone numbers: home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

**Parent/Guardian Responsibility:** It is your responsibility to support your daughter's 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;
- Assuring that the emergency contact is available, if necessary;
- Picking your child up on time;
- Returning permission forms ahead of time;
- Notifying the troop adult volunteer if your child will be absent;
- Helping when needed.

I give my permission for the above named girl to participate in Girl Scouts. Except as described below, she is in good health and has not had any serious illness or accidents since her last physical exam (within the past twenty four months) and there are no restrictions on her activities or participation in Girl Scouts. I agree to update the information above as needed. I also give permission for the appointed adult volunteers of a Girl Scout activity to act on my behalf in the event of an emergency, if I cannot be reached. I understand that every effort will be made to contact me.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Parent/Guardian \_\_\_\_\_

**CONTINUED on next page**

**Girl's Name:** \_\_\_\_\_

**Release Information:**

Custody Type:  Both Parents  Mother Only  Father Only  Other \_\_\_\_\_

The following person(s) may pick up my child:  Mother  Father  Will Walk Home  Other (list below)

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

The following individual(s) may NOT pick up my child: \_\_\_\_\_

**Medical Information:**

All medical information will remain confidential and will be shared only on a need to know basis.

Date of last health exam \_\_\_\_\_ Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Family medical/hospital insurance carrier \_\_\_\_\_ Policy/Group# \_\_\_\_\_

Current medications \_\_\_\_\_ Possible side effects \_\_\_\_\_

Restrictions to participating in activities \_\_\_\_\_

Any special needs/adaptations or additional remarks \_\_\_\_\_

**Immunizations**

Date of basic tetanus immunization \_\_\_\_\_ Date of last booster \_\_\_\_\_

Check type:  DPT (diphtheria, pertussis, tetanus)  DT (diphtheria, tetanus)

**Allergies** (check all that apply)

- Animals  Pollen  Medicine/Drugs  Insect Bites/Stings  Hay Fever  
 Food  Plants  Other

List specific allergies to checked boxes above \_\_\_\_\_

**Chronic or recurring illnesses/conditions** (check all that apply)

- Asthma  Ear Infection  Kidney Disease  Seizures  Diabetes  
 Heart Defect Disease  Hypertension  Musculoskeletal Disorders  Mental Health  Other

Specify any checked boxes above \_\_\_\_\_

**Other Conditions** (check all that apply)

- Motion Sickness  Nosebleeds  Fainting  Hearing Impairment  Learning Disability  
 Special Dietary Regiment  Glasses/Contact Lenses  Other

Specify any checked boxes above \_\_\_\_\_

Is there any additional information about your daughter that we should know about to better serve her?  
(i.e. medical/behavioral, family situation, concerns, etc.)

\_\_\_\_\_  
\_\_\_\_\_