



Annual Permission Form

*This form must be kept in a safe and confidential manner. 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 _____

PERMISSION

I acknowledge that I have received detailed information about the Girl Scout program and understand that participation involves a certain degree of risk. After careful consideration, I give the above-named Minor permission to participate in the program. I acknowledge that permitting the Minor to participate is in my sole discretion and that participation is voluntary and not required to be a member of Girl Scouts. I represent and confirm that the Minor(i) is in good health, (ii) has had no serious illness or accidents since their last physical exam (within the past twenty four months), and (iii) has no restrictions on participating in any activities. I understand in the case of a medical emergency, every effort will be made to contact me; however, Girl Scouts has my permission to secure emergency medical treatment for the Minor.

HOLD HARMLESS

I AGREE TO ASSUME THE FULL RISK of any and all injuries, damages and losses, regardless of severity, that I or the Minor may sustain as a result of participating in Girl Scout activities.

IN CONSIDERATION FOR THE PRIVILEGE OF PARTICIPATING IN THE PROGRAM AND OTHER VALUABLE CONSIDERATION, I, ON BEHALF OF MYSELF AND THE MINOR, HEREBY WAIVE, RELEASE, INDEMNIFY, HOLD HARMLESS AND FOREVER DISCHARGE TO THE FULLEST EXTENT PERMITTED BY LAW THE GIRL SCOUTS OF SOUTHWEST INDIANA, INCLUDING ITS OFFICERS, DIRECTORS, AGENTS, REPRESENTATIVES, VOLUNTEERS, SPONSORS, AND EMPLOYEES (HEREINAFTER COLLECTIVELY "GSSI") FROM AND AGAINST ALL CLAIMS, ACTIONS, DEMANDS, ATTORNEY'S AND EXPERT FEES, DAMAGES, LOSSES, INJURIES, ILLNESSES, COSTS, EXPENSES AND/OR LIABILITIES (COLLECTIVELY "CLAIMS"), WHETHER SUCH ARISES BASED ON NEGLIGENCE OR BY ANY STATUTORY OR COMMON LAW THEORIES, (INCLUDING WITHOUT LIMITATION ALL INJURIES, DISABILITY OR DEATH) ARISING OUT OF, IN CONNECTION TO, OR IN ANY WAY ASSOCIATED WITH GIRL SCOUT ACTIVITIES, THE GRANT OF RIGHTS HEREUNDER OR BREACH OF THESE REPRESENTATIONS AND WARRANTIES AND EVEN THOUGH THAT LIABILITY MAY ARISE OUT OF THE SOLE NEGLIGENCE OR CARELESSNESS ON THE PART OF GSSI. I HEREBY AGREE THAT GSSI SHALL NOT BE LIABLE FOR ANY INJURY OR LOSS, OF ANY KIND, WHICH I OR THE MINOR MAY SUSTAIN WHILE PARTICIPATING IN GIRL SCOUTS, WHETHER SPONSORED BY OR UNDER THE SUPERVISION OF GSSI AND I AGREE TO INDEMNIFY AND TO HOLD HARMLESS GSSI, FROM ANY CLAIMS WHATSOEVER INCLUDING BUT NOT LIMITED TO REASONABLE ATTORNEY'S AND EXPERT FEES.

BY SIGNING BELOW I HEREBY REPRESENT AND CONFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE IMPORTANT INFORMATION, WARNING OF RISK, ASSUMPTION OF RISK, WAIVER, AND A RELEASE AND INDEMNITY FOR ALL CLAIMS. I HEREBY REPRESENT THAT I AM THE PARENT/GUARDIAN OF THE MINOR AND I AGREE THAT THE ABOVE AGREEMENT BINDS ME AND THE MINOR TO ALL TERMS HEREOF. I FURTHER REPRESENT AND CONFIRM THAT I HAVE THE AUTHORITY TO SIGN THIS FORM ON BEHALF OF THE MINOR.

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.)

