

Annual Permission Form

October 1, 2022 – September 30, 2023

This permission form covers all approved Girl Scout activities through the 2022-2023 membership year excluding Overnights (1 or more nights), Council-Sponsored Events, Camps, Cookie Program, and/or Sensitive Issues.

These activities require a separate permission; go to www.girlscouts-gssi.org/en/resources/forms.html for more information.

TROOP VOLUNTEER:

This form **MUST** be on hand at all approved Girl Scout meetings/activities/events and **must be kept on file by the lead volunteer for three (3) years.**

Please keep form and information safe and confidential.

Girl Information

Troop/Group # _____ Service Unit/Registration Area _____

Girl's Name _____ Date of Birth ____ / ____ / ____ Age _____

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

Mailing Address _____
(Street, City, ST, Zip)

Mother/Guardian's Name (printed) _____ Parent Email _____

Mobile _____ Work _____ Home _____

Parent Address _____
(If different from Girl's Address)

Father/Guardian's Name (printed) _____ Parent Email _____

Mobile _____ Work _____ Home _____

Parent Address _____
(If different from Girl's Address)

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

Name _____ Relationship _____ Mobile _____

CONTINUED next page (1)

Release Information

Custody Type: Both Parents Mother Only Father Only Other _____

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

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

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

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 all approved Girl Scout activities through October 1, 2022 – September 30, 2023, excluding overnights, council-sponsored events, camp, cookie program, and sensitive issue discussions. 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 four months) and (iii) has no restriction on participating in any activities. I understand in the case of medical emergency, every effort will be made to contact me; however, Girl Scouts has my permission to secure emergency medical treatment for the Minor.

Signature of Parent/Guardian _____ Date _____

Printed Name of Parent/Guardian _____

Girl's Name: _____

NOTE: All medical information will remain confidential and will be shared only on a need to know basis. Form covers October 1, 2022 – September 30, 2023. Please update your Troop Leader immediately if any medical information changes throughout the year.

Medical Information

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 _____

CONTINUED next page (2)

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 to better serve her?

(i.e. medical/behavioral, family situation, concerns, etc.)

CONTINUED next page (3)

HOLD HARMLESS AGREEMENT

Girl Name _____ DOB _____ / _____ / _____

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 approved Girl Scouts activities.

IN CONSIDERATION FOR THE PRIVILEGE OF PARTICIPATING IN GIRL SCOUTS 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 SCOUTS, 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 _____

NOTE: *Hold Harmless Agreement covers approved Girl Scout activities from October 1, 2022 – September 30, 2023.*

FINAL PAGE (4)