



# Annual Permission Form

October 1, 2020 – September 30, 2021

NOTE: This permission form covers all approved Girl Scout activities through the 2020-2021 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](http://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.

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

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

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

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

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

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

### 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, 2020 – September 30, 2021, 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, 2020 – September 30, 2021. 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 \_\_\_\_\_

**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.)

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**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, 2020 – September 30, 2021.*