girl scouts of southwest indiana

Annual Permission & Troop Health Form

October 1, 2026 – September 30, 2027

This permission form covers all approved Girl Scout activities through the 2026-2027 membership year excluding Overnights (1 or more nights), Council-Sponsored Events, Camps, and/or Sensitive Issues. These activities require a separate permission; go to **www.girlscouts-gssi.org/en/resources/forms.html** for more information.

Pages 1-3 MUST be submitted to GSSI at the start of Girl Scout participation in troops and/or groups. **Troop Volunteers retain a full copy for your files and always have with you during troop activities.** Email a copy to support@girlscouts-gssi.org or mail to 5000 E Virginia St. Suite 2, Evansville, IN 47715.

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_____

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Policy Acknowledgment and Compliance:

All members shall read, understand, and adhere to all official Girl Scouts of Southwest Indiana (GSSI) documents, including but not limited to:

- GSSI's Guidelines for Volunteers and Child Protection,
- Volunteer Essentials, and
- Safety Activity Checkpoints.

By participating in any GSSI-related activities, members acknowledge their responsibility to comply with the requirements, standards, and procedures outlined in these documents. Failure to do so may result in disciplinary action, up to and including release from membership.

(Please initial) Yes_____

PERMISSION

Photo Permission:

I authorize my girl to be photographed during approved Girl Scout activities and understand images may be used for future Girl Scout promotions.

(Please initial) Yes_____No_____

Consent for Medical Treatment:

I authorize all medical, surgical, diagnostic, and hospital care or procedures, which may be performed or prescribed for my child and/or myself by a licensed physician/dentist or hospital, when efforts to contact the emergency contact person are unsuccessful and when deemed immediately necessary or advisable by the physician to safeguard my child and/or my health. I waive my right of informed consent to such treatment.

(Please initial) Yes_____No_____

Cookie Permission:

I authorize my girl to participate in the 2026-2027 Girl Scout Cookie Program, conducted by Girl Scouts of Southwest Indiana. I acknowledge that I am financially responsible for all the cookies my girl receives and understand that Girl Scout Cookies may not be returned. I acknowledge that I will turn in money owed in full and on time. I understand that the monies collected by a Girl Scout belong to her Girl Scout Troop and to Girl Scouts of Southwest Indiana. If these funds are not paid on time, I understand that Girl Scouts of Southwest Indiana reserves the right to initiate collection procedures and that I will be responsible for all collection fees, attorney fees, and court costs. I will ensure my girl follows the rules set for the Girl Scout Cookie Program including observing safety guidelines, not selling prior to the start date, and that she has accountable adult guidance throughout the sale experience.

(Please initial) Yes_____

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Permission to Participate:

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, 2026 – September 30, 2027, excluding overnights, council-sponsored events, camp, 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.

(Please initial) Yes_____

HOLD HARMLESS AGREEMENT

Girl's 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, 2026 – September 30, 2027.*

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TROOP HEALTH FORM

TROOP VOLUNTEER:
This form MUST be on hand at all approved Girl Scout meetings/activities/events and **must be updated as needed or annually.** Please keep the form and information safe and confidential.

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 ☐Other (list below)

Name_____Phone_____Relationship_____

Name_____Phone_____Relationship_____

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

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_____

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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.)

_____

_____

MEDICATION ADMINISTRATION & EMERGENCY TREATMENT RELEASE

Indiana State law requires the observation of certain regulations when administering medication to children and adolescents. The following procedures **must** be followed:

Over the counter and prescription medication requires written permission from parent or guardian, stating the name of medication, amount of medication, the hours for administration, and the period of time medication is to be continued. It must be sent in the original container labeled with the girl's name. Prescription medication labels must meet the requirement for physician(s) written order.

Some girls may need to carry and administer their own medications, such as bronchial inhalers, EpiPens or diabetes medication. You must have documentation from the girl's parent or guardian that it is acceptable for the girl to self-administer these medications.

The parent/guardian shall accept the legal responsibility for the safe arrival of his/her child(s) medication to and from the activity. The Certified First Aider may return unused medication with the adult taking the child home.

Medication	Prescription Number	Doctor Prescribing	Dosage	Time to Administer	Possible Reactions

I hereby authorize Girl Scouts of Southwest Indiana (GSSI), Troop/Group Lead Volunteer, and/or Troop/Group event first aider to administer medication to my child, as stated above.

I understand that in case of any medical emergency every effort will be made to contact me. If this is impossible, I authorize GSSI, Lead Volunteer, and/or event first aider to contact my child's physician and to secure emergency medical treatment.

Signature of Parent/Guardian _____Date _____

Printed Name of Parent/Guardian _____

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