



Annual Permission Form

October 1, 20__ to September 30, 20__

www.girlscoutsatl.org
Emergency: (866) 644-4752

This form obtains parent/caregiver permission for all troop meetings, events, and activities for the Girl Scout year, **excluding extended-day trips (8+ hours), overnights, and/or high-risk activity as defined by Safety Activity Checkpoints**. Troop leaders agree to inform parents and the service unit manager, in print or electronically, when an activity is away from the normal meeting site(s). With the use of this form, additional permission forms are not required for troop events or activities, unless requested by the vendor or event planner, or as referenced above for extended-day trips, overnights, and/or high-risk activities. An electronic or paper version of this form should be retained by the troop leader for five years.

Name of Girl Scout		Troop #	Service Unit #
Address		Telephone	
City/State/Zip			
Printed Name of Parent/Caregiver	Home Phone	Relationship to Child	
Email Address	Mobile Phone		
Emergency Contact Name	Emergency Contact Phone(s)	Relationship to Child	
Emergency Contact Name	Emergency Contact Phone(s)	Relationship to Child	

For all activities the troop/group leader/advisor will notify me of the following (as applicable): events/activity and location, place and time of departure, place and time of return, mode of transportation, equipment/clothing needed, amount of money needed by each girl, first-aider, and troop/group emergency contact. Communication may be via email, Volunteer Tool Kit, closed social media groups, Shutterfly page, text, or other form of communication, as determined by the troop/group.

Yes No
 Initials _____

Permission for Activities My girl has permission to attend regular troop meetings, bothing activities for the product programs, and travel to, attend, and participate in troop and council-sponsored activities that are no longer than eight (8) hours in duration. Total time includes drive time and event/activity time. Anything that through the normal course of drive time and event/activity time that is 8 plus hours in duration is to be considered an extended-day event/activity and will need approval by using the Parent Permission Form.

Yes No
 Initials _____

Permission to Use Photographs:
 I understand that when participating in Girl Scout activities my girl may be photographed for print, video, or electronic imaging to be used in promotional materials, news releases, and other published formats for either Girl Scouts of Greater Atlanta (GSGATL) or Girl Scouts of the USA (GSUSA) or my troop/group.
 I acknowledge that the images will be the sole property of either GSGATL or GSUSA or the troop/group.
 I hereby consent that the videotapes, photographs, motion pictures, electronic images and/or audio recordings of my girl may be used by the troop/group for public relations, publicity, and/or personal troop/group purposes. I understand that her last name and residence will not be used.

Yes No
Initials _____

Permission for Emergency Medical Treatment: In the event of an emergency, every effort will be made to contact a parent/caregiver or emergency contact. I hereby give authorization to Girl Scouts of Greater Atlanta to seek treatment for my child and/or dependent minor by a licensed physician I know of no reason(s) why my girl may not participate in prescribed activities except as noted on the Health History Form. If permission for emergency medical treatment is not given, I will prepare a signed statement providing the reason, a release of liability, and alternate instructions and attach to this form.

Yes No
Initials _____

Permission to Survey: I understand that my girl may occasionally be asked to participate in evaluations/surveys as part of her Girl Scout activities. I understand that her participation is voluntary, and that she will neither receive compensation of any form for participating nor will her standing in her Girl Scout sponsored programs be affected, if she chooses not to participate. I further understand that my girl's confidentiality will be protected throughout the entire project and that she will never be identified in any publication, written or spoken. I understand that she may discontinue taking evaluations/surveys at any time without consequence.

Yes No
Initials _____

For Sensitive Issues Only: I understand that during the course of an activity, my child may be exposed to issues and discussions that are, or could be, considered to be of a sensitive or controversial nature. I understand that I am responsible for communicating to the leader and adult-in-charge about any needs that my child may have in regards to sensitive topics. I am confident of her maturity and ability to participate. For planned discussions, the leader(s) will inform parents of dates and topics that will be discussed.

Parent/Caregiver Responsibility: It is your responsibility to support your girl's troop/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
- Picking your child up on time
- Returning paperwork ahead of time
- Notifying the troop adult volunteer if your child will be absent
- Helping when needed/asked
- Ensuring that the emergency contact is available

Signature of Parent/Caregiver Date

Signature of Parent/Caregiver

Date