



Girl Scout Troop Annual Permission Form

October 1, 2020 to September 30, 2021

Troop Number: _____

This form is to be retained for troop records.

Name of Girl Scout	Date of Birth	Grade	School
--------------------	---------------	-------	--------

Street Address	City	State	Zip
----------------	------	-------	-----

Name of Parent/Caregiver #1	Relationship to Child	Email
-----------------------------	-----------------------	-------

Mobile Phone	Home Phone	Work Phone	Place of Employment
--------------	------------	------------	---------------------

Name of Parent/Caregiver #2	Relationship to Child	Email
-----------------------------	-----------------------	-------

Mobile Phone	Home Phone	Work Phone	Place of Employment
			Yes No

Emergency Contact #1	Phone	Relationship to Child	Authorized to pick up child?
			Yes No

Emergency Contact #2	Phone	Relationship to Child	Authorized to pick up child?
----------------------	-------	-----------------------	------------------------------

The following person(s) is/are **not** authorized to pick up my child following in-person Girl Scout activities:

Yes	No	<p>Behavior Acknowledgment: I understand that I am responsible for ensuring that my child is prepared to participate in activities as determined by the leader. This may include, but is not limited to, payment of fees and attending any preparation meetings. I also understand that I am responsible for ensuring that my child behaves appropriately during activities. I further understand that, if in the opinion of the leader/adult-in-charge, my child is not behaving appropriately, I may be asked to pick up my child early from an activity at my own expense, and that it is at the leader's discretion whether or not to refund any fees that I've paid for the activity. I may also be asked to accompany my child during future activities.</p>
-----	----	---

Yes	No	<p>Illness Acknowledgment: I understand that my child may not participate in an in-person activity if she appears to be ill or has been ill within the past 3 days, including a fever of 99.6°F or greater. I further understand that if my child appears to be ill when she arrives at an activity or become ill during the activity, I will be asked to pick up my child early from the activity at my own expense, and that it is at the leader's discretion whether or not to refund any fees that I've paid for the activity.</p>
-----	----	---

Girl Scout Troop Annual Permission Form.

- Yes No **Permission for Trips & Activities:** My daughter/dependent has permission to travel to, attend, and participate in troop activities that are 1) in the local area of the regular meeting place 2) not exceeding 24 hours and 3) not considered high adventure activities requiring council approval as outlined in Safety Activity Checkpoints.
- Yes No **Permission to Use Photographs:** I consent that photographs, videos, and/or audio recordings of my daughter/dependent may be used and shared by the troop leadership for public relations and publicity purposes, including GSNETX publications, social media, and various forms of media. I understand that her last name and residence will not be used for publicity purposes.
- Yes No **Permission to Survey:** I understand that my daughter 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 daughter'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 **Permission for Emergency Medical Treatment:** I understand that in the event of an emergency, every effort will be made to contact a parent/caregiver or emergency contact. If no contact can be made, I hereby give authorization to Girl Scouts of Northeast Texas to seek treatment for my child and/or dependent minor by a licensed physician. I know of no reason(s) why my daughter/dependent may not participate in prescribed activities except as noted on her Health History Form. **If permission for emergency medical treatment is not given, please prepare a signed statement providing the reason and alternate instructions and return it to troop leadership with this form.**
- Yes No **Permission for Medication:** I understand that I must provide written permission for a First-Aider to administer any medication that my child may need. I understand that this written permission must include the name of the medication, the dosage, times and dates to be administered, and the reason for the medication. I understand that I must sign and date this written permission and give it to the First-Aider, along with the medication which must be in the original container.
- Yes No **Permission to Participate in Virtual Meetings (optional):** I give my daughter permission to participate in virtual troop meetings and other virtual Girl Scout activities. I understand that girls will be asked to follow safety guidelines, including the GSNETX Internet Safety Pledge, and be expected to behave in a respectful manner just as they would during an in-person activity. I also understand that if a girl is acting inappropriately during a virtual activity, the troop leader may disconnect her. I acknowledge that depending on the platform, I may be asked to complete additional permission forms specific to my daughter's participation. As necessary and applicable, I will provide supervision of my daughter's use of technology while participating in virtual meetings.
- Yes No **Permission to Participate in In-Person Activities during COVID-19 (optional):** I understand that my daughter's Girl Scout troop has elected to hold in-person Girl Scout activities during the course of the COVID-19 pandemic, pursuant to current GSNETX guidelines regarding social distancing, meeting size, location, and precautions. I understand that no list of restrictions, guidelines or practices will remove 100% of the risk of exposure to COVID-19 and will comply with any and all state, county, or local health orders and guidelines to limit risk as much as possible. I agree that my daughter will not attend in-person activities if we have any reason to believe that she has been exposed to, is awaiting test results for, or has tested positive for COVID-19 within 14 days of any in-person activity. I agree that we will follow all GSNETX guidelines regarding social distancing, face coverings, and hygiene during the in-person activity.

Special Accommodations: My daughter/dependent requires the following special accommodations:

Parent/ Caregiver Agreement: I have read and understand this Girl Scout Troop Annual Permission Form. I understand that I may change or revoke any aspect of this agreement at any time by submitting my request, in writing, to troop leadership.

Signature of Parent/Caregiver

Date