

Please complete this form at the initial troop meeting. Troop will keep original with troop paperwork.

GIRL INFORMATION

Girl Scout's Name _____ Troop # _____ Grade (Fall 20__) _____
 Address _____ Date of Birth _____
 Primary Phone _____ Secondary Phone _____

PERMISSION FOR ACTIVITIES

YES—Initials _____ NO—Initials _____

By checking "NO", I understand that I will need to sign individual permission slips for each activity.

My child has permission to travel to, attend, and participate in troop and council-sponsored activities that are (1) a day trip, (2) less than 200 miles round trip, and (3) not considered high-risk activities as outlined by GSNYPENN. Leaders will notify caregivers of all planned activities with detailed information. I understand that my child may not attend any Girl Scout activities if showing signs of cough, fever or other symptoms of illness. I further understand that my child may be exposed to illness while participating in a Girl Scout activity, not unlike any other activity.

My child has permission to participate in virtual meetings. I understand that different platforms collect different information and have various privacies. It is my responsibility to review privacy settings.

PERMISSION TO PARTICIPATE IN PRODUCT PROGRAMS

YES—Initials _____ NO—Initials _____

My child has permission to participate in the fall and cookie programs. I agree to accept all financial responsibility for products and money she receives and deliver product in a timely manner. I understand that my Girl Scout must have adult guidance at all times when participating in the Girl Scout product programs. I further understand that my Girl Scout may only take orders during the assigned timelines set forth by GSNYPENN.

PERMISSION FOR EMERGENCY MEDICAL TREATMENT AND SHARING HEALTH HISTORY

YES—Initials _____ NO—Initials _____

In the event of an emergency, every effort will be made to contact a parent/guardian/emergency contact person. If no contact can be made, I hereby give authorization to GSNYPENN and agents, to seek medical treatment for my child and/or dependent minor by a licensed professional. I know of no reason(s) why my child may not participate in activities as noted on the completed Health History Form on the back of this form.

If I cannot be reached, the following person(s) can act on my behalf:

Name _____ Phone(s) _____ Relationship _____
 Name _____ Phone(s) _____ Relationship _____

PHOTO RELEASE

YES—Initials _____ NO—Initials _____

I give consent to GSNYPENN to use my Girl Scout's name, image, and videos to be used in whatever they desire, including television, social media, websites, and communications. These materials shall be Girl Scouts' sole property.

PARENT AGREEMENT

When participating in Girl Scout activities I agree that my child (and I if applicable) is a registered members and will act in a manner that models the ideals and values of the Girl Scout Promise and Law. I have read and understand this Annual Permission Form. I may change or revoke any aspect of this agreement at any time by submitting my request, in writing, to the troop leader.

Parent Name _____ Parent Signature _____ Date _____

MEMBER INFORMATION

Name _____ Parent/Guardian _____ Phone _____
 Address _____ Birth Date _____ Sex _____
 Emergency Contact _____ Phone _____ Relationship _____
 Emergency Contact _____ Phone _____ Relationship _____

HEALTH HISTORY (CHECK ALL THAT APPLY)

Diseases

- Chicken Pox
 Measles
 German Measles
 Mumps

Allergies

- Animals Plants
 Food Pollen
 Hay Fever Other
 Insect Bites Medicine

Chronic or Recurring Illness

- Ear Infections Hypertension
 Heart Defect/Disease Diabetes
 Seizure Disorder Asthma
 Musculoskeletal Disorders Other

Operations or serious injuries _____
 Hospitalizations _____
 Other diseases/disabilities _____

MEDICAL CONCERNS (COMMENT WHERE APPLICABLE)

Fainting _____ Sleep Disturbances _____
 Bed Wetting _____ Menstrual Cramps _____
 Constipation _____ Nosebleeds _____
 Emotional Disturbances _____ Other _____
 Specific activities to be encouraged _____
 Specific activities to be restricted _____
 Special medical or dietary regimen to be followed (specify) _____
 Can be given Tylenol: YES NO
 Name of Physician _____ Phone _____

COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. As with any social activity, participation in Girl Scouts could present the risk of contracting COVID-19. While Girl Scouts of NYPENN Pathways takes every safety and preventative precaution, Girl Scouts of NYPENN Pathways can in no way warrant that COVID-19 infection will not occur through participation in Girl Scouts of NYPENN Pathways council or troop programs.

I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child (and I) may be exposed to or infected by COVID-19 at a Girl Scout activity and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk may result from the actions, omissions, or negligence of myself and others including, but not limited to, Girl Scout volunteers, staff, and other participants and their families.

This health history is complete and accurate. My daughter has permission to engage in all prescribed activities except as noted by me and/or the examining physician.

Parent Name _____

Parent Signature _____

Date _____