

COMPLETE THIS FORM AT REGISTRATION TIME. THIS FORM WILL BE RETAINED BY THE TROOP/GROUP LEADER.

| | | | | | |
|----------------|-------------|-------------------|------------|--------|--------------|
| Girl Scout | | Member ID | | Troop | Service Unit |
| Street Address | | City | | State | Zip Code |
| Home Phone | Other Phone | Grade (fall 20__) | Birth date | School | |

Permission for Trips

My daughter/ward has permission to travel to, attend and participate in troop and council-sponsored activities that are 1) located within one hour's driving time of the regular meeting place, 2) not exceeding 6 hours, and 3) not considered high risk activities as outlined in Activity Safety Checkpoints.

Yes No

Initialed _____

Permission to Participate in Product Sales

My daughter/ward has permission to participate in the fall and cookie product sales programs. I agree to accept financial responsibility for all products and money she receives and understand that she must have adult guidance at all times when participating in a Girl Scout product sale program. I understand that Daisy Girl Scouts **MAY NOT PARTICIPATE** in money-earning activities, however in the new GSCCC they may participate in product sales. I further understand that my daughter/ward may not take product orders before the official start of the product sale program as determined by Girl Scouts of California's Central Coast.

Yes No

Initialed _____

Permission to Use Photographs

Girl Scouts of California's Central Coast has permission to use photographs of my daughter/ward for publicity purposes. I understand that her last name and residence will not be used for publicity purposes.

Yes No

Initialed _____

Permission for Emergency Medical Treatment and Health History

I understand that in the event of an emergency due to sickness or accident, the troop/group leader or a representative of Girl Scouts of California's Central Coast will make every effort to contact me or the emergency contact designated below. If no contact can be made, I authorize Girl Scouts of California's Central Coast to seek treatment for my child by a licensed medical professional under the Medical Practice Act and pursuant to Section 25.8 of the California Civil Code.

Yes No

Initialed _____

If permission is not given in writing, provide the reason and a signed statement providing release of liability with alternate instructions and attach to this form.

Special Accommodations

My daughter/ward requires the following special accommodations (write "none" if there are none) _____

Emergency Contact

| | | |
|------|----------|-----------------------|
| Name | Phone(s) | Relationship to Child |
|------|----------|-----------------------|

Parent Agreement

I have read and understand this Annual Parent Permission form. I may change or revoke any aspect of this agreement at any time by submitting my request, in writing, to the troop/group leader.

| | | | |
|---------------------------------|------------------------------|----------------|-------------|
| Printed Name of Parent/Guardian | Signature of Parent/Guardian | Date | |
| Street Address | City, State, Zip | E-Mail Address | |
| Home Phone | Work Phone | Mobile Phone | Other Phone |