

ANNUAL PARENT/CAREGIVER PERMISSION

Girl Scouts of Silver Sage 8948 W Barnes St, Boise, ID 83709 (208) 377-2011 or (800) 846-0079 www.girlscouts-ssc.org

This form obtains parent/caregiver permission for all troop meetings, events, and activities for the Girl Scout year, *excluding planned meetings dealing with sensitive issues, extended day trips (6+ hours) or trips 50 miles from the normal meeting location, overnights, and/or high-risk activities as defined by Safety Activity Checkpoints.* Troop Leaders agree to inform parents, in print or electronically, when an activity is away from the normal meeting site. With the use of this form, additional permission forms are not required for troop events or activities unless requested by the vendor or the event planner or as referenced above.

Membership Y	'ear October 1, 20 September 30, 20			
Girl Scout Nan	ne	Troop #	_Service Unit #	
Address		City	StateZip	
Name of Parer	nt/Caregiver	Relationship to Girl _		
Email Address	<u> </u>	_ Mobile Phone		
Emergency Co	ntact Name	_ Mobile Phone		
Relationship to	Child			
Emergency Contact Name		_ Mobile Phone		
Relationship to Child				
activity, locat	activities, I will be notified by the Troop Leader ion, place and time of departure/return, mode oney per girl needed, troop emergency contact unteer Toolkit, closed social media groups, or o	of transportation, equipm and First-Aider name. Co	nent/clothing needed, ommunication may be	
□ Yes □ No	Permission for Activities – My girl has permission to attend regular troop meetings, boothing activities for the product programs, travel to/from, attend, and participate in council-sponsored activities that are no longer than six (6) hours in duration or are more than 50 miles from the regular troop meeting site. Total time includes driving time and event/activity time. If the activity extends beyond 6 hours or exceeds 50 miles in distance, is an overnight, or involves a high-risk activity as defined by Safety Activity Checkpoints, the troop is required to submit to Council TRP115 – Intent to Travel form at least 4 weeks prior to the activity. Initials			
□ Yes □ No	Permission to Use Photographs – I understand my girl may be photographed for print, video, o materials, news releases, and or other published the sole property of the troop, Girl Scouts of Silv consent that my girl's images may be used by the and/or personal troop purposes. I understand the Initials	r electronic imaging to be u d formats. I acknowledge the ver Sage, or Girl Scouts of to the troop/Council for public	used in promotional hat the images may be the USA. I hereby relations, publicity,	

□ Yes □ No	Permission to obtain Emergency Medical Treatment effort will be made to contact me, or the emergency coauthorization to the Troop Leader(s) and Girl Scouts of by a licensed physician or hospital. I know of no reason activity except as noted on the Health History Form. If treatment is not given, I will prepare a signed statement and alternate instructions, and attach it to this form. Initials	ontact listed on this form. I hereby give f Silver Sage to seek treatment for my girl n why my child may not participate in the f permission for emergency medical		
□ Yes □ No	Permission to Survey – I understand that my girl may evaluations/surveys as part of her Girl Scout activities voluntary and that she will neither receive compensat her standing in her Girl Scout-sponsored program be further understand that my girl's confidentiality will be that she will never be identified in any publication, wr discontinue taking evaluations/surveys at any time. Initials	s. I understand that her participation is tion of any form for participating nor will affected, if she chooses not to participate. I be protected throughout the survey and		
□ Yes □ No	For Sensitive Issues Only – I understand that during the exposed to issues, and unplanned discussions that are controversial nature. I understand that I am responsible Leader(s) about any needs that my girl may have regated confident of my girl's maturity and ability to participal nature that may arise. For planned discussions of sensitive provide me with the form PRG106 Permission to Partitiopic(s), date, and time of the troop activity. Initials	e, or could be considered of sensitive or ble for communicating with the Troop arding certain sensitive topics. I am ate in an unplanned discussion of a sensitive sitive issues, the Troop Leader(s) will		
Parent/Careg	iver Responsibility: It is your responsibility to suppor	t your girl's troop by:		
☐ Providing supervision for your child before and after Girl Scout activities – never leave her unattended. The				
Troop Leader	(s) is not responsible for your girl before or after the troo	op/Council activity.		
☐ Picking you	r child up at the scheduled pick-up time or end-of-mee	ting time.		
☐ Informing t	he Troop Leader(s) if your child will be absent for the tr	roop/Council meeting/activity.		
☐ Informing to	he Troop Leader(s) of any change in contact informatio	on for yourself or any of the emergency		
□ Not attendi	ng a troop meeting unless I am an approved volunteer (having a current Girl Scout registration and		
a valid backgr	ound check). I understand that I may be asked to assist	with the troop meeting/activity.		
	ng a troop meeting with non-Girl Scouts or toddlers, un	lless the Troop Leader(s) has obtained		
□ Not attendi				
	nce for non-Girl Scouts.			
	nce for non-Girl Scouts.			