



Troop Parental Permission for Girl Scout Year - Form

Troop leaders collect this completed form for each Girl Scout in their troop, for each Girl Scout year (October – September). This form obtains parent or guardian permission for all meetings and activities for the Girl Scout year. Troop leader agrees to inform parents/guardians, in print or electronically, when a particular activity involves a sensitive issue, an overnight, or a field trip away from the normal meeting site or sites. Additional permission forms are not required for troop events or activities, unless requested by the council, vendor, or event planner. This form should be with the troop anytime the troop meets, gathers, or travels. An electronic or paper version of this form should be retained by the troop leader for three years.

PERMISSION REQUESTED FOR (To Be Completed By the Troop/Group Leader)

Participating in troop meetings and troop activities during the _____ to _____ Girl Scout year.

Typical Meeting Day/Time: _____ Typical Meeting Location: _____

Alternate Meeting Location(s) if appropriate: _____

Troop Leader #1: _____ (Assistant or) Troop Leader #2: _____

Phone 1: _____ Phone 1: _____

Phone 2: _____ Phone 2: _____

E-mail: _____ E-mail: _____

Please, complete the Parent/Guardian Permission Statement below and return to: _____ by: _____
 (Name) (Due Date)

NOTE: All activities must be conducted in accordance with the Girl Scouts of the USA and the Girl Scouts of Utah’s policies, standards, and guidelines regarding safety and adult supervision.

For all trips/outings/events, the troop/group leader/advisor will notify me of the following (as applicable):

- | | |
|-----------------------------------|----------------------------------|
| Event/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 |
| First Aider/Troop/Group Emergency | Girl Traveling Troop Coordinator |
| Contact Adult Chaperones | Adult Drivers |

Communication may be via e-mail, telephone, mail, personal contact or as determined by the troop/group.

PARENT/GUARDIAN PERMISSION				
Girl’s Name	Troop No	Date of Birth	School for 20 -20 year	Grade
Address		Primary phone/girl’s phone, if any		Girl’s email, if any
Parent/guardian 1 name		Parent/guardian 1 phone		Parent/guardian 1 email
Parent/Guardian 1 address, if different from girl				Relationship to girl
Parent/guardian 2 name		Parent/guardian 2 phone		Parent/guardian 2 email
Parent/Guardian 2 address, if different from girl				Relationship to girl
Are there any custody issues or reasons your daughter should not be released to either parent or guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe.				
Name of responsible person, other than above, to contact in an emergency		Responsible person phone		Responsible person email
Additional contact info for any of the above				

PICK UP INFORMATION - Name of person(s) permitted to pick up your child:	
Name	Phone Number
Names of person(s) NOT permitted to pick up your child	
If applicable, can she walk home? <input type="checkbox"/> Yes <input type="checkbox"/> No	If applicable, can she drive herself home? <input type="checkbox"/> Yes <input type="checkbox"/> No

- Asthma Bleeding/clotting disorders Diabetes Hearing Impairment Heart defect/disease Seizures
 Other (specify) _____ Other (specify) _____

Adaptive devices:

- Glasses/contacts Other (specify) _____
 Hearing Aid Dietary needs - describe any practices to be followed: _____

ALLERGIES - List ALL allergies (including medications, food, bees, etc.), the type of reaction/severity, treatment and date of last reaction.			
Allergies	Reaction/Severity	Treatment	Date of Last Reaction
Comments			
Does your child suffer from anaphylaxis?* <input type="checkbox"/> Yes <input type="checkbox"/> No			
*A severe allergic reaction marked by swelling of the throat or tongue, hives, and trouble breathing.			
Does she carry an EpiPen? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does she carry an inhaler? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Optional permission to give over-the-counter medications or protective products: I give permission to any first aider(s) to administer the following non-prescription medications to my daughter, according to package directions.

Over-the-Counter Medication	Permission	Initial	Over-the-Counter Medication	Permission	Initial
Acetaminophen (such as Tylenol)	<input type="checkbox"/> Yes <input type="checkbox"/> No		Neomycin (such as Neosporin)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Ibuprofen (such as Advil)	<input type="checkbox"/> Yes <input type="checkbox"/> No		Dimenhydrinate (such as Dramamine)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Calcium carbonate (such as Tums)	<input type="checkbox"/> Yes <input type="checkbox"/> No		Sunscreen	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pseudoephedrine (such as Sudafed)	<input type="checkbox"/> Yes <input type="checkbox"/> No		Insect Repellent	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Diphenhydramine (such as Benadryl)	<input type="checkbox"/> Yes <input type="checkbox"/> No				

SIGNATURES - Initial and Sign	
Initials	I understand that if my daughter is to have a ride home, I am responsible for seeing that the person I named above is there by to pick her up. I understand that neither the volunteer nor Girl Scouts is responsible for driving her home or walking with her.
Initials	I am the parent or guardian having legal custody of the child named above. I authorize all medical, surgical, diagnostic, and hospital care or procedures which may be performed or prescribed for my child by a licensed physician or hospital, when efforts to contact me are unsuccessful and when deemed immediately necessary or advisable by the physician to safeguard my child's health. I waive my right of informed consent to such treatment. I will take full responsibility for all charges that occur. Girl Scout Insurance is secondary to your primary insurance.
Initials	When participating in Girl Scout activities my child may be photographed for print, videotaped, or electronically imaged. Images may be used in promotional materials, news releases, and other published formats for either the local Girl Scout Council or Girl Scouts of the USA. The images will be the sole property of either the local Girl Scout Council or Girl Scouts of the USA.
Initials	For Sensitive Issue Activities Only: I understand that during this activity, my child will 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 this activity. I am confident of her maturity and ability to participate.
Initials	<i>I understand that 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 Utah takes every safety and preventative precaution, Girl Scouts of Utah can in no way warrant that COVID-19 infection will not occur through participation in Girl Scouts of Utah programs.</i>

Parent/Guardian Signature

Date