girl scouts of connecticut

GIRL SCOUTS OF CONNECTICUT

WWW.GSOFCT.ORG 1-800-922-2770 (CT only)

ANNUAL CONSENT FORM

SERVICE CENTERS

Bridgeport
87 Washington Ave.
Bridgeport, CT 06604
(203) 334-3145
Fax (203) 696-3821

Hartford
340 Washington St.
Hartford, CT 06106
(860) 522-0163
Fax (860) 548-0325

Middletown
27 Washington St.
Middletown, CT 06457
(860) 347-5768
Fax (860) 346-2575

North Haven
20 Washington Ave.
North Haven, CT 06473
(203) 239-2922
Fax (203) 239-7220

North Windham
4 Industrial Park
North Windham, CT 06256
(860) 423-5502
Fax (860) 423-7953

Torrington
The Atrium
663 East Main St.
Torrington, CT 06790
(860) 482-4495
Fax (860) 489-8936

Waterbury
171 Grandview Ave.
Suite 102
Waterbury, CT 06708
(203) 757-1340
Fax (203) 591-1729

Wilton
529 Danbury Rd.
Wilton, CT 06897
(203) 762-5557
Fax (203) 762-0688

Please keep this form with your Troop/Group records.

Girl Scout's Name (Please print) _____ Phone _____

Address _____ City _____ ST _____ Zip _____

Parent/Guardian Permission for medical treatment, transportation, publicity, troop/group meetings, money-earning activities, and product sale activities.

- I give permission for my Girl Scout (daughter/ward) to participate in regular Girl Scout activities, including troop/group meetings, and money-earning activities.
- I give permission for my Girl Scout's picture, quotations, and/or artwork to be used in any promotional materials, news releases, and other published formats* for either the local Girl Scout council or Girl Scouts of the USA. We acknowledge that any images taken during Girl Scout functions will be the sole property of either the local Girl Scout council or Girl Scouts of the USA.
- In case of an emergency, I hereby authorize Girl Scout adults and/or a currently certified First aider to give necessary first aid/CPR to my Girl Scout. I also authorize the person in charge to obtain and consent to, on my behalf, whatever medical diagnosis treatment is deemed necessary or advisable by such person for the well-being of my Girl Scout.
- Troop/Group adults have my permission to transport my Girl Scout on a troop/group trip or in case of an emergency.
- My Girl Scout may participate in product sale activities (QSP and cookies) and use appropriate on-line resources. I agree to accept responsibility for all products and money she receives and will see that she has adult supervision at all times while doing product sale activities. I understand that no incentives will be given unless all money is turned in to the Troop/Group Product Sales Manager or designee by the due date.

_____ _____ __/__/__
Parent/Guardian Name (Please print) *Parent/Guardian Signature* *Date*

2nd year _____ __/__/__
Parent/Guardian Signature *Date*

The term "published formats" incorporates the council website www.gsofct.org, but images used on the website and elsewhere, with the possible exception of the council newsletter, will **NOT reveal a person's full name and town. Girl Scout websites are required to comply with council website and print safety restrictions. Girl Scout members should not send to local or council publicity contacts photos of any girl whose parent/guardian has not completed an Annual Consent Form.*