



ANNUAL CONSENT FORM

Please keep this form with your Troop/Group

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.

Initial if you agree with the following:

_____ Permission for Troop and Council-Sponsored Activities: My daughter/ward has permission to travel to, attend, and participate in troop and council-sponsored activities that are 1) located within CT, 2) not considered high adventure activities, and 3) not an overnight activity.

_____ I give consent for my Girl Scout to be interviewed, photographed, videotaped, or electronically imaged for the purposes of promotional materials, news releases, or other published formats** for either the local Girl Scout Council or Girl Scouts of the USA. The images will be the sole property of the local Girl Scout Council or Girl Scouts of the USA. I hereby release and hold harmless the local Girl Scout Council and Girl Scouts of the USA from any claim arising from the use of these images.

_____ 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 programs (Treats and Reads Program & Girl Scout Cookie Program) 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 program activities. I understand that no rewards will be given unless all money is turned in to the Troop/Group Product Sales Manager or designee by the due date.

Parent/Guardian Agreement: I have read and understand the Girl Health History and Annual Consent Form. I may change or revoke any aspect of this agreement at any time by submitting my request, in writing, to the troop/group co-leader.

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.**

www.gsofct.org 1-800-922-2770



GIRL HEALTH HISTORY

To be completed by parent/guardian.

This form should provide current information for troop/group meetings, including troop/group trips of less than three (3) nights, and for events.

Give completed form to Troop/Group Leader or Event Facilitator/Coordinator.

For trips three nights or more, also complete the Girl Health Record Form.

Participant Information, Insurance Information, A. Health History (Diseases, Allergies, Chronic or Recurring Illness), Impairments, Medication, Restrictions, General Questions, Health Information Privacy Statement and Permission to Treat.

*Original signature is required