

ANNUAL CONSENT FORM

SERVICE CENTERS

Hartford

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

Lebanon

175 C Clubhouse Rd.
Lebanon, CT 06249
(860) 423-5502
Fax (860) 423-7953

North Haven

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

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.

Initial if you agree with the following:

_____ 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 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 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

*** Original Signature is required.**

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.