

Annual Permission Form

October 1, 20___ to September 30, 20___

www.gskentucky.org

Council Emergency Contact: 859-490-9406

This form obtains parent/caregiver permission for all troop meetings, events, and activities for the Girl Scout year, excluding extended-day trips (8+ hours), overnights, and/or high-risk activity as defined by Safety Activity Checkpoints. Troop leaders agree to inform parents and the service unit manager, in print or electronically, when an activity is away from the normal meeting site(s). With the use of this form, additional permission forms are not required for troop events or activities, unless requested by the vendor or event planner, or as referenced above for extended-day trips, overnights, and/or high-risk activities. An electronic or paper version of this form should be retained by the troop leader for five years.

Name of Girl Sco	out	Tr	oop#	Service Unit#
Address		Τε	elephone	
City/State/Zip				
Name of Parent	/Caregiver			Relationship to Child
Email Address		Mobile Phone		
Emergency Con	tact Name	Emergency Contact Phone(s)		Relationship to Child
Emergency Con	tact Name	Emergency Contact Phone(s)		Relationship to Child
and location, pla equipment/clothi contact. Commu	ce and time of ing needed, am nication may be	leader/advisor will notify me of the following departure, place and time of return, mode ount of money needed by each girl, first-active via email, closed social media groups, to by the troop/group.	e of transpo aider, and	ortation, troop/group emergency
□Yes □No Initials	activities for t council-spons includes drive drive time and	for Activities My girl has permission to at the product programs, and travel to, attended sored activities that are no longer than eight time and event/activity time. Anything that devent/activity time that is 8 plus hours in the event/activity and will need approval by	d, and part ght (8) hou at through n duration i	ticipate in troop and rs in duration. Total time the normal course of is to be considered an

□Yes □ No

Initials

Permission to Use Photographs:

I understand that when participating in Girl Scout activities my girl may be photographed for print, video, or electronic imaging to be used in promotional materials, news releases, and other published formats for either Girl Scouts of Kentucky's Wilderness Road (GSKWR) or Girl Scouts of the USA (GSUSA) or my troop/group.

I acknowledge that the images will be the sole property of either GSKWR or GSUSA or the troop/group.

I hereby consent that the videotapes, photographs, motion pictures, electronic images and/or audio recordings of my girl may be used by the troop/group for public relations, publicity, and/or personal troop/group purposes. I understand that her last name and residence will not be used.

□Yes □No Initials	will be made to contact a parent/caregiver or emergency contact. I hereby give authorization to Girl Scouts of Kentucky's Wilderness Road to seek treatment for my child and/or dependent minor by a licensed medical professional. I know of no reason(s) why my girl may not participate in prescribed activities except as noted on the Health History Form. If permission for emergency medical treatment is not given, I will prepare a signed statement providing the reason, a release of liability, and alternate instructions and attach to this form.			
□Yes □No Initials	For Sensitive Issues Only: I understand that during an activity, my child may be exposed to issues and discussions that are, or could be, considered to be of a sensitive or controversia nature. I understand that I am responsible for communicating to the leader and adult-in-charge about any needs that my child may have regarding sensitive topics. I am confident of her maturity and ability to participate. For planned discussions, the leader(s) will inform parents of dates and topics that will be discussed.			
Parent/Care	egiver Responsibility: It is your responsibility to support your girl's troop/group by:			
o Pro	viding supervision for your child before and after Girl Scout activities.			
o Pick	o Picking your child up on time			
 Alerting the troop adult volunteer where you can be reached if not at the numbers listed above. 				
Updating the troop adult volunteer if information on this form changes				
Signature of Pa	arent/Caregiver Date			

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