

Girl Scout Information:

Name:	Troop:	Program Level: D B J C S A Adult
Email Address	Phone:	Date of Birth
Address:	City/State	Zip Code
School Attending:	Grade in Fall	
Parent/Legal Guardian:	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____	
Email:	Primary Phone:	
Parent/Legal Guardian:	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____	
Email:	Primary Phone:	

Emergency Contact Information

Person 1:	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____
Email:	Primary Phone:
Person 2:	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____
Email:	Primary Phone:

Dietary Needs/Restrictions/Special Accommodations: Please list here. Use back of page if needed.

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Specific Permissions

<input type="checkbox"/> Yes <input type="checkbox"/> No Initials: _____	Permission for Trips: My girl member has permission to travel to, attend and participate in troop and council-sponsored activities that are 1) located within one hour's driving time of regular meeting place, 2) not exceeding 6 hours, and 3) not considered high risk activities outlined in the Volunteer Essentials, which can be found here: https://volunteer.gswestok.org
<input type="checkbox"/> Yes <input type="checkbox"/> No Initials: _____	Permission to Use Photographs: I hereby consent that the videotapes, photographs, motion pictures, electronic images and /or audio recordings of my girl member may be used by Girl Scouts for Public Relations and Publicity purposes. I understand that her last name and residence will not be used for publicity purposes.
<input type="checkbox"/> Yes <input type="checkbox"/> No Initials: _____	Permission for Emergency Medical Treatment: In the event of an emergency, every effort will be made to contact a parent/guardian or emergency contact. If no contact can be made, I hereby give authorization to Girl Scouts Western Oklahoma to seek treatment for (Girl Scout's Name: _____) by a licensed physician pursuant to Oklahoma Statute 10A-1-3-101 (2022). I know of no reason (s) why she may not participate in prescribed activities except as noted on the Health History Form. If permission for emergency medical treatment is not given, please prepare a signed statement providing the reason, a release of liability, and alternate instructions and attach to this form.
<input type="checkbox"/> Yes <input type="checkbox"/> No Initials: _____	Permission to Survey: My initials certify that I understand that my girl member may occasionally be asked to participate in evaluations/surveys as part of her Girl Scout activities. I understand that her participation is voluntary, and that she will neither receive compensation in any form for participating nor will her standing in her Girl Scout sponsored programs be affected, if she chooses not to participate. I further understand that my girl member's confidentiality will be protected throughout the entire project, and that she will never be identified in any publication, written, or spoken. I understand that she may discontinue taking evaluations/surveys at any time without consequence.

Parent Agreement: I have read, understand, and accept this Annual Parent Permission Form. I may update information I have provided and/or revoke any *Specific Permissions* at any time by submitting my request, in writing, to the troop/group leader.

Signature of Parent/Guardian

Date