



Membership Year Annual Permission Form

410 Atkinson Drive, #2E1, Box 3, Honolulu HI 96814 808.595.8400 gshawaii.org

Complete this form to your troop leader. If you are not able to provide an eSignature, please print and sign.

School Year starting October _____ to September _____ **Membership Year**

Girl Scout Information

Girl Scout's Name _____

Girl Scout's Address _____

Street _____ City _____ ST _____ Zip _____

Email address _____ Phone number _____ Birthdate _____

School _____ Grade Level _____

Service Unit _____ Troop/Group No _____

Parent/Guardian Information

Primary Parent/Guardian's Name _____ Relationship _____

Email address _____

Address information is the same as Girl Scout's See different address below

Parent/Guardian _____

Street _____ City _____ ST _____ Zip _____

Email address _____ Primary Phone _____ 2nd Phone No. _____

Additional Parent/Guardian's Name _____ Relationship _____

Email address _____

Address information is the same as Girl Scout's See different address below

Parent/Guardian _____

Street _____ City _____ ST _____ Zip _____

Email address _____ Primary Phone _____ 2nd Phone No. _____

My Girl Scout may be released to the following people (names) _____

My Girl Scout may NOT be released to the following people (names) _____

Permission for Activities

My child has permission to travel to, attend and participate in troop and council-sponsored activities that are (1) a day trip, (2) not considered high risk

YES NO, I request to sign individual permission forms per activity

Initials or eSignature of Primary Parent or Guardian

Health Information

Date of Girl Scout's last tetanus shot

YES, My child has allergies or health issues noted in detail below

Note anything about your Girls Scout's health to ensure her safety, please be specific by listing any allergies, seizure disorder, dietary restrictions, etc.:

My child has NO any known allergies or health issues.

Initials or eSignature of Primary Parent or Guardian

Family Physician _____ Office Phone _____ Mobile/Pager _____

Girl Scout's Name

Membership year

Permission for Media Use

I hereby consent that videotapes, photographs, motion pictures, electronic images and/or audio recordings of my child may be used by the Girl Scouts of Hawai'i/GSUSA for public relations and publicity purposes. I understand that her last name and residence will not be used. This statement confirms and supersedes any other GSH/GSUSA media releases.

YES NO, I request to sign individual permission forms per activity

_____ Initials or eSignature of Primary Parent or Guardian

Permission to Participate in Product Sales

My child has permission to participate in the Girl Scout Cookie Program. I agree and accept full financial responsibility for all products and money she receives. I understand that she must have adult guidance at all times when participating in the Girl Scout Cookie Program. I further understand that my child may not take orders before the official start date as determined by Girl Scouts of Hawai'i, and money will not be collected until cookies are delivered to customers. All past due accounts, if any, may be sent to a collection agency, which may affect my credit rating. I am responsible for full payment of the face amount of my personal checks and an additional service charge of \$25 for any of my checks returned by my bank for insufficient funds regardless of the reason for the lack of funds. All proceeds received from the Girl Scout Cookie Program are troop and Council funds and NOT the property of my daughter. Juliettes who participate in the Cookie Program are eligible to earn girl rewards.

YES NO

_____ Initials or eSignature of Primary Parent or Guardian

Parent Agreement

I have read and understand this ANNUAL PERMISSION FORM. I may change or revoke any aspect of this agreement by submitting my request, in writing, to the troop leader.

Signature of Parent/Legal Guardian _____

Date _____

OCT/2017 DC - EA/MAPS/ANNUAL PERMISSION FORM