



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 if 13+ yrs _____ 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

Full Address _____

Street /City / ST / Zip _____

Primary Phone _____ 2nd Phone No. _____

Additional Parent/Guardian's Name

Additional Parent/Guardian's Name _____ Relationship _____

Email address _____

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

Full Address _____

Street /City / ST / Zip _____

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 activities as outlined by Girl Scouts of Hawai'i Safety Activity Checkpoints.

Yes No, I would like to review each activity prior to my child's participation

(Enter full name) Acknowledgment of Primary Parent or Guardian _____

Health Information

Date of Girl Scout's last tetanus shot _____

Yes No My child has allergies or health issues noted in detail below.

Yes No My child may receive a tetanus shot if necessary.

Yes No My child may receive a COVID test if necessary.

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.

(Enter full name) Acknowledgment of Primary Parent or Guardian Office _____

Family Physician _____ Phone _____ Mobile/Pager _____

(Enter full name) Acknowledgment of health care Primary Parent or Guardian _____

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

(Enter full name) Acknowledgment 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

(Enter full name) Acknowledgment 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.

(Enter full name) Acknowledgment
of Primary Parent or Guardian

Date

All acknowledgments state acceptance and accuracy at the date of this document is submitted.