



# Membership Year Annual Permission Form

410 Atkinson Drive, Suite 2E1, Box 3 Honolulu, HI 96814  
808.595.8400 | [CustomerCare@gshawaii.org](mailto:CustomerCare@gshawaii.org)

Complete this form and provide to your troop leader (or membership manager for IRG/Juliettes). If you are not able to provide an eSignature, your submission of this form will be noted as acceptance of Girl Scouts of Hawai'i policies noted in this document.

School Year in October 1, \_\_\_\_\_ to September 30, \_\_\_\_\_ Membership Year

## CONTACT INFORMATION \*provide primary parent information for Girl Scouts 12 and under

GIRL SCOUT'S NAME				
#1 Street Address*				
#1 City*	#1 ST*	#1 ZIP*		
#1 Email*	#1 Ph 1*	#1 Ph 2*		

PRIMARY PARENT/ CAREGIVER FULL NAME		Address information same as Girl Scout		
# 2 Street Address				
#2 City	#2 ST	#2 ZIP		
#2 Email	#2 Ph 1	#2 Ph 2		

ADDITIONAL PARENT/ CAREGIVER FULL NAME		Address information same as Girl Scout		
# 3 Street Address				
#3 City	#3 ST	#3 ZIP		
#3 Email	#3 Ph 1	#3 Ph 2		

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

## GIRL HEALTH INFORMATION

Yes No	My Girl Scout has the current immunizations, as listed		
Immunization	Date (Month/year)	Immunization	Date (Month/year)
Covid-19 Dose 1		TB	
Covid-19 Dose 2		Tetanus	
Yes No	My Girl Scout may be tested for Covid-19, if necessary		
Yes No	My Girl Scout may receive a Tetanus shot/booster, if necessary		
Yes No	My Girl Scout has NO known health issues or allergies.		

My Girl Scout has the following health concerns, allergies or health issues. **Note anything** about your Girls Scout's health to ensure her safety, please be specific by listing any allergies, seizure disorder, dietary restrictions, etc.

## HEALTH PROVIDER INFORMATION / AUTHORIZATION

FAMILY PHYSICIAN NAME	
Physician Phone No.	Physician Pager/Mobile No.

### HEALTH PROVIDER AUTHORIZATION

Yes	No	My child may receive emergency care from a trained health care provider if necessary.	
		Signature of Primary Parent/Caregiver	Date

### PERMISSION FOR ACTIVITIES

Yes	No	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	
		Signature of Primary Parent/Caregiver	Date

### PERMISSION FOR MEDIA USE

Yes	No	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	
		Signature of Primary Parent/Caregiver	Date

### RISKS RELATED TO ILLNESS AND INFECTIOUS DISEASES

Yes	No	I, the parent or legal guardian of the minor named on this form, knowingly and freely assume all such risks related to illness and infectious diseases, such as COVID-19, even if arising from the negligence or fault of the Released Parties. I have read and accept the Girl Scouts of Hawai'i Covid-19 Waiver Terms and Conditions. A complete copy of the terms and conditions is published at the following url: <a href="https://www.gshawaii.org/en/for-volunteers/volunteer-resources/Covid-19-Waiver.html">https://www.gshawaii.org/en/for-volunteers/volunteer-resources/Covid-19-Waiver.html</a> *If you indicated No, your child is permitted to participate in Virtual Girl Scout programs but may not participate in-person at troop, group or council events.	
		Signature of Primary Parent/Caregiver	Date

### PERMISSION TO PARTICIPATE IN PRODUCT SALES

Yes	No	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.	
		Signature of Primary Parent/Caregiver	Date

### PARENT AGREEMENT

Yes	No	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 Primary Parent/Caregiver	Date



Complete this form and provide to your troop leader  
To submit to membership manager for IRG/Juliettes send to  
customer@care@gshawaii.org

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