girl scouts of eastern massachusetts

ALL TOGETHER

www.girlscoutseasternmass.org

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Boston, MA 02116
T 617 482 1078
F 617 482 9045

1740 Turnpike Street
North Andover, MA 01845
T 978 689 8015
F 978 688 1846

111 East Grove Street
Middleboro, MA 02346
T 508 923 0800
F 508 923 7676

265 Beaver Street
Waltham, MA 02452
T 781 893 6113
F 781 893 0022

Annual Girl Permission Form Year: 20____ to 20____

This form is to be completed at the beginning of each membership year and kept with the troop/group records.

_____ _____ _____
Please print girl's name Date of Birth City/Town Troop/Group#

Neighborhood Walking Trips – My Child has permission to attend neighborhood walking trips during which time the troop will leave the meeting place and return at the regular ending time. Yes_____ No _____ (initials) _____

Video/Photo Release – I hereby consent that the videotapes, photographs and/or audio recordings that may include my daughter may be used by Girl Scouts of the USA and Girl Scouts of Eastern Massachusetts. Yes___ No ___(initials)____

Girl Scouts Eastern Massachusetts Surveys – In order to continually improve our Girl Scouts Eastern Massachusetts services, we would like permission to survey your child about her Girl Scout experience. **All of the girls' answers will be confidential.** No names will be written on any of the surveys. Yes_____ No _____ (initials)_____

Product Sale Programs – My daughter has my permission to participate in the Girl Scout Product Sales Programs. I agree to accept financial responsibility for all products and money that she receives and I will see that she has adult supervision at all times. I understand that monies collected by my daughter belong to Girl Scout Troop and to Girl Scouts of Eastern Massachusetts. I also understand that orders should not be taken before the opening day of the sale because **A Girl Scout does her best to be honest and fair.** Yes_____ No _____ (initials)_____

Release Restrictions

My child may not be released to: _____

My child may only be released to: _____

Health History – Do we need to know anything about your daughter's health to ensure her safety in the program? (e.g. she uses an inhaler, has a seizure disorder, etc.) _____

_____

Does your child have allergies? (ie: food, medicine) Please be specific: _____

Date of last tetanus shot. Please be specific: _____

Permission to Seek Emergency Medical Attention – By signing this form, I (we) hereby authorize Girl Scouts of Eastern Massachusetts and my (our) child's troop leader to consent to any medical care and treatment for _____ that is recommended by a licensed healthcare provider to whom the child is presented for treatment. In order to ensure that the child receives prompt emergency medical care and treatment when necessary, I (we) hereby release any licensed health care provider providing medical care to the child in reliance of this form from liability relating to such provider's acceptance of my (our) substitute care giver's consent.

Parent/Guardian

Printed Name: _____ Signature: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Work: _____

Emergency contacts should be persons other than parents/guardians listed above:

1st Emergency Contact: _____ Phone: _____
2nd Emergency Contact: _____ Phone: _____

Please use the back to add any additional comments you would like to share about your girl.