



# Product Program and Troop Activities Year-Round Permission Form

Member Name \_\_\_\_\_ Year \_\_\_\_\_

This form should be submitted to your troop leader who will keep it on file throughout the year. This form does not need to be submitted to Girl Scouts of Greater Iowa.

The purpose of this form is for parents/guardians to provide overall permission for troop activities throughout the school year, including day trips and short trips (1-2 nights), as well as Product Programs (Girl Scout Cookie Program and Fall Product Program). This form is also for troop leaders to reference to keep members safe and healthy during Girl Scout activities.

## CONSENT

I/We give consent for \_\_\_\_\_ to participate with Girl Scout Troop # \_\_\_\_\_,  
Youth member name Troop #

effective on this date \_\_\_\_\_ for regular troop meetings and additional troop activities. I/We understand  
Date

that in addition to the regular troop meetings, the troop may plan additional activities throughout the year. I/We

understand that we will be notified as activities are planned, and by sending \_\_\_\_\_ to  
Youth member name

such activities we consent to their participation. I/We give consent for \_\_\_\_\_  
Youth member name

to travel in personal vehicles for troop activities, with the understanding that all troop volunteers are registered

Girl Scout volunteers with a background check on file with Girl Scouts of Greater Iowa. I/We give consent for

\_\_\_\_\_ to participate in virtual/online troop meetings.  
Youth member name

## CONTACT INFORMATION

Youth member's name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

School/Grade \_\_\_\_\_

Parent/Guardian #1 name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Parent/Guardian #2 name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Additional contact if neither parent/guardian can be reached in the event of emergency:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

## HEALTH INFORMATION

Please list any allergies or medical conditions (such as diabetes or asthma) troop leaders should be aware of; as well as any relevant accommodations (such as carrying an inhaler or EpiPen):

---

Please list any dietary restrictions or food allergies troop leaders should be aware of:

---

The following non-prescription medications may be stocked in a first-aid kit and are used on an as-needed basis in case of illness/injury. Please check if the participant has permission to take the following as needed:

- |  |   |                                |
|--|---|--------------------------------|
| <input type="checkbox"/> Tylenol/Acetaminophen | <input type="checkbox"/> Cough Drops              | <input type="checkbox"/> Other |
| <input type="checkbox"/> Ibuprophen            | <input type="checkbox"/> Imodium (anti-diarrheal) |                                |
| <input type="checkbox"/> Aspirin               | <input type="checkbox"/> Skin Ointments           |                                |

Please list other health needs, concerns, or restrictions:

---

## PHOTO PERMISSIONS

When registering a youth Girl Scout member, parents/guardians can either sign or opt-out of a photo release, allowing Girl Scouts of Greater Iowa and/or Girl Scouts of the U.S.A. to publish photos. That release does not cover posting of photos by troop leaders.

Troop leaders/volunteers are encouraged to promote their troop activities via social media platforms or other mediums, provided that girl safety is a top priority.

- Opt-in: I/We give consent for photos of \_\_\_\_\_ to be shared in volunteers' posts about group activities. *Youth member name*
- Opt-out: I/We wish to exclude \_\_\_\_\_ from posted photos. *Youth member name*

## PRODUCT PROGRAM PARTICIPATION AGREEMENT

My Girl Scout has my permission to participate in the Girl Scouts of Greater Iowa (GSGI) Fall Product Program and Girl Scout Cookie Program for the current membership year. In so doing, I agree to the following:

- I will ensure they are safely participating in the programs and will respect guidance provided by my troop and Girl Scouts of Greater Iowa.
- I understand these are skill building programs and will make sure my Girl Scout is actively involved in all customer interactions, both in-person and online.
- I understand that Girl Scout food products MAY NOT BE RETURNED.
- I accept financial responsibility for all products and money received.
- I understand that all money collected belongs to the Girl Scout troop and Girl Scouts of Greater Iowa. In the event these funds are not paid, I understand that GSGI reserves the right to initiate collection procedures including civil suit and criminal prosecution on delinquent accounts.\*

**\*\*TROOP PRODUCT MANAGERS/LEADERS: In the event of non-payment, you MUST submit this signed form with a Girl Shortage Form (available on The Bridge). This information may be used in the event of a girl shortage—when a family has not returned money for product by payment due dates.\*\***

---

By signing this document, I am hereby acknowledging I understand my responsibility for the items listed above.

Signature \_\_\_\_\_ Date \_\_\_\_\_