

Troop Activities Year-Round Permission Form

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). This form is also for troop leaders so they can keep girls safe and healthy during Girl Scout activities.

Separate *Permission Forms* will be required for: trips lasting 3 or more nights, horseback riding, water activities or swimming at a location without staff lifeguards, as well as the *Product Program Permission Form* for participation in the Cookie and Fall Product Programs.

Consent:

I/We give consent for (girl name) _____ to participate with Girl Scout Troop # _____, effective on this date _____ for regular troop meetings and additional troop activities.

I/We understand 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 (girl name) _____ to such activities, we consent to her participation.

I/We give consent for (girl 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.

Contact Information:

Girl's Full Name: _____ Girl's Date of Birth: _____

Girl's Address: _____

School/Grade: _____

Parent/Guardian #1 Name: _____

Phone Number: _____

Email Address: _____

Parent/Guardian #2 Name: _____

Phone Number: _____

Email Address: _____

Emergency Contact Information:

Additional contact if neither parent/guardian can be reached in the event of an emergency (include contact name/contact phone/relationship to Girl Scout):

Girl Name _____

YEAR: 2018 - 2019

Please list any allergies or medical conditions (such as diabetes or asthma) that the 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 that the 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:

- Tylenol/Acetaminophen
- Ibuprofen
- Aspirin
- Cough Drops
- Imodium (anti-diarrheal)
- Skin Ointments
- Other _____

Other health needs, concerns, or restrictions:

Photo Permissions:

When girls register as Girl Scout members, 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 (girl name) _____ to be shared in volunteers' posts about our troop activities.
- Opt-out: I/we wish to exclude (girl name) _____ from posted photos.

Parent/Guardian #1 Signature: _____ Date: _____

Parent/Guardian #2 Signature (if applicable): _____ Date: _____