



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). This form is also for troop leaders to reference to keep members safe and healthy during Girl Scout activities.

Separate permission forms will be required for: trips lasting 3+ 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 Girl Scout Cookie and Fall Product Programs.

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 that
Date

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 _____
Youth member name

to 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"/> Ibuprofen | <input type="checkbox"/> Imodium (anti-diarrheal) | |
| <input type="checkbox"/> Aspirin | <input type="checkbox"/> Skin Ointments | |

Please list other health needs, concerns, or restrictions:

COVID-19 GUIDELINES

As with any social activity, participation in in-person Girl Scout activities could present the risk of contracting COVID-19.

- I/We agree to comply with the most recent guidance and recommendations issued by national and local public health agencies and the Girl Scouts of Greater Iowa for slowing the transmission of COVID-19.
- I/We agree to not send our child to in-person Girl Scout activities if they have had recent exposure to any person who has a suspected or confirmed case of COVID-19, or exposure to any other risk identified by the most recent guidelines or recommendations, or if I/we/they are experience symptoms of COVID-19 or has a suspected or diagnosed/confirmed case of COVID-19.

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

Signature _____ Date _____