



white - membership
yellow -troop leader/pathway coordinator

Parent/Guardian Consent Form

Product Sale Permission • Product Sale Responsibility
Photo Release • Emergency Medical Treatment

GIRL INFORMATION

Girl Scout Name		Troop #/Membership ID #		Troop Leader Name (if Troop Pathway)	
Parent(s) Name			Parent's Driver's License #		
Street Address		City	State	Zip	
Home Phone	Cell Phone		E-mail Address		

PERMISSION AND RELEASE

Yes No
Initials: _____

Permission to Participate in Product Sales: My daughter/ward has permission to participate in the fall and cookie product sale programs. I agree to accept financial responsibility for all products and money she receives, and I further understand that product sale monies collected by my family or daughter/ward belong to her Girl Scout troop/pathway and Girl Scouts of Michigan Shore to Shore.

Yes No
Initials: _____

My daughter/ward may participate in regular troop/pathway meetings, program evaluations and activities that start and end at the usual meeting place and time and may involve walking.

Yes No
Initials: _____

I understand that I am responsible for making provisions for my daughter/ward to get to and from all troop/pathway meetings and events.

Yes No
Initials: _____

Permission to Use Photographs: I hereby consent that the videotapes, photographs, motion pictures, electronic images and/or audio records taken of my daughter/ward at Girl Scout events are Council property and may be used by Girl Scouts for public relations, publicity and/or marketing purposes. To protect girls, GSMISTS only publishes first names, if any.

Yes No
Initials: _____

Permission for Emergency Medical Treatment: In the event of an emergency, every effort will be made to contact a parent/guardian or emergency contact. If no contact can be made, I hereby give authorization to Girl Scouts of Michigan Shore to Shore to seek treatment for my child and/or dependent minor by a licensed physician pursuant to the Michigan Child Care Licensing Act 116 of 1973, Section 14a.

Special Accommodations: My daughter/ward requires the following special accommodations (write "none" if there are none):

Parent/Guardian Agreement: I have read and understand this Parent/Guardian Consent Form. I may change or revoke any aspect of this agreement at any time by submitting my request, in writing, to Girl Scouts of Michigan Shore to Shore.

Signature of Parent/Guardian: _____ **Date:** _____