



GIRL SCOUTS OF CONNECTICUT

www.gsofct.org 1-800-922-2770 (CT only)

ANNUAL CONSENT FORM

SERVICE CENTERS

Bridgeport
GSOFACT
87 Washington Ave.
Bridgeport, CT 06604
(203) 334-3145
Fax (203) 696-3821

Hartford - Headquarters
GSOFACT
340 Washington St.
Hartford, CT 06106
(860) 522-0163
Fax (860) 548-0325

Middletown
GSOFACT
27 Washington St.
Middletown, CT 06457
(860) 347-5768
Fax (860) 346-2575

North Haven
GSOFACT
20 Washington Ave.
North Haven, CT 06473
(203) 239-2922
Fax (203) 239-7220

North Windham
GSOFACT
4 Industrial Park
North Windham, CT 06256
(860) 423-5502
Fax (860) 423-7953

Torrington
GSOFACT
663 East Main St.
Torrington, CT 06790
(860) 482-4495
Fax (860) 482-8936

Waterbury
GSOFACT
171 Grandview Ave.
Suite 102
Waterbury, CT 06708
(203) 757-1340
Fax (203) 591-1729

Wilton
GSOFACT
529 Danbury Rd.
Wilton, CT 06897
(203) 762-5557
Fax (203) 762-0688

**Troop/Group Volunteer, please keep this form
with your Troop/Group records.**

Girl Scout's Name (Please print) Phone

Address City ST Zip

Parent/Guardian Permission for medical treatment, transportation, publicity, troop meetings, troop money-earning activities, and product sale activities.

- I give permission for my Girl Scout (daughter/ward) to participate in regular Girl Scout activities, including troop meetings, troop money-earning activities, etc., and for her verbal or written quotations to be used in Girl Scout publicity and promotional materials.
- I give permission for my Girl Scout's picture or quotations to be included in videotapes, broadcast media*, and print media.
- I hereby authorize troop adults to give necessary first aid/CPR to my Girl Scout. I also authorize the person in charge to obtain and consent, on my behalf, to whatever medical diagnosis treatment is deemed necessary or advisable by such person for the well-being of my Girl Scout.
- Troop adults have my permission to transport my Girl Scout on a troop trip or in case of an emergency.
- My Girl Scout may participate in product sale activities (magazine/nut/candy and cookie), and I agree to accept responsibility for all products and money she receives and will see that she has adult supervision at all times while doing product sale activities. I understand that no awards will be given unless all money is turned in to the Troop Product Sales Manager by the due date.

Parent/Guardian Name (Please print) _____
Parent/Guardian Signature ____/____/____
Date

2nd year _____

Parent/Guardian Signature ____/____/____
Date

*The legal term "broadcast media" incorporates the council website www.gsofct.org, but pictures used on the website and elsewhere, with the possible exception of the council newsletter, will **NOT** reveal a person's full name and town. Troop websites are required to comply with council website and print safety restrictions. Troop Leaders should not send to local or council publicity contacts photos of any girl whose name and town may not be listed.