



2024-2025 PRODUCT PROGRAM CAREGIVER PERMISSION & RESPONSIBILITY FORM

My Girl Scout, _____, a registered member of Troop # _____ has my permission to participate in the 2024 Fall Product and 2025 Cookie Program. My Girl Scout also has my permission to engage in online Fall Product and Cookie Program activities under the supervision of myself and/or the Girl Scout adult in charge. I understand that she must be a currently registered Girl Scout for the 2024-2025 membership year. I will see that she has adult guidance at all times, and I will adhere to the published starting dates for order taking. I understand that all items ordered must be picked up and paid for, including any additional product obtained after the initial order is picked up. I understand that unsold or undelivered products cannot be returned. I agree to accept full responsibility for all items and collection of money. I will assist her in making full payment to the Troop Product Program Manager by the deadlines set. I authorize the use of the phone numbers and other contact information I provide, including my mobile number and any future number assigned to me, for calls, texts, emails, to include automated dialers, to contact me regarding my account. I understand that outstanding accounts will result in legal action and/or be turned over to a collection agency and I will be responsible for all legal/collection fees incurred. In addition, I will be ineligible to be appointed as a volunteer and my Girl Scout cannot participate in future product programs, nor will she be approved for any financial assistance, until the debt is paid. I will follow the GSHS Product Program Policies & Standards, as outlined.

Please mark any areas below in which you are willing to assist your group with Product Program this year:

2024 Fall Product Program

- Fall Product Volunteer in Charge
- Fall Product Volunteer Assistant
- Fall Product Technology Assistant
- Fall Product Warehouse Pickup
- Fall Product Rewards
- Other: _____

2025 Cookie Program

- Cookie Volunteer in Charge
- Cookie Volunteer Assistant
- Cookie Technology Assistant
- Cookie Warehouse Pickup
- Cookie Delivery Assistant
- Chaperone for Cookie Booth
- Chaperone for Neighborhood Sales
- Cookie Storage
- Cookie Sale Signage with girls
- Host cookie girl presentation/sale at work
- Cookie Rewards
- Other: _____

Caregiver Information (please print):

Caregiver's Name _____

Address _____

City _____ State _____ Zip _____

Email Address _____

Place of Employment _____

Home Phone (____) _____

Cell Phone (____) _____

Work Phone (____) _____

***REQUIRED INFORMATION: For your Girl Scout to participate in the GSHS Product Programs, we must have your full SS# OR we must have the last four digits of your SS# AND full date of birth.**

Social Security # _____

Last Four Digits of Social Security # _____

Date of Birth (M/D/Y) _____

For Troop Product Manager's Use Only:
Verified girl is registered for 2024-2025 membership year: <input type="radio"/> Yes <input type="radio"/> No
Total \$ Amount Sold _____
Total \$ Amount Paid _____
Balance Due _____

Signature of Caregiver _____ Date _____