girl scouts heart of the south

2027 COOKIE PROGRAM CAREGIVER PERMISSION & RESPONSIBILITY FORM

My Girl Scout, _____, a registered member of Troop # _____ has my permission to participate in the 2027 Cookie Program. My Girl Scout also has my permission to engage in online 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 2026-2027 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 financial responsibility for all items and collection of money. I will assist her in making full payment to the Troop Cookie Manager by the deadlines set. I authorize the use of the phone numbers and other contact information, 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 the Cookie Program this year:

2027 Cookie Program

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

Caregiver Information (please print):

Caregiver's Name _____ Home Phone (____) _____

Address _____ Cell Phone (____) _____

City _____ State _____ Zip _____ Work Phone (____) _____

Email Address _____

Place of Employment _____

***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 Program Manager's Use

Verified girl is registered for 2026-2027 membership year: ◯ Yes ◯ No

Total $ Amount Sold _____

Total $ Amount Paid _____

Balance Due _____

Date _____

Signature of Caregiver _____ **Date** _____