



Troop _____ Parent Permission Sheet

By signing below, I am indicating that my Girl Scout has my permission to participate in the Girl Scouts Heart of the Hudson Nuts + Mags Program. I agree to accept payment responsibility for all products we order and receive, assist in delivery of all nut/candy items sold on the order card and through online girl delivery, and see that she has guidance at all times.

<i>Girl First Name</i>	<i>Girl Last Name</i>	<i>Parent Email Address</i>	<i>Parent Signature</i>	<i>Date</i>

Troop Leader: Please fill in the troop number at the top of the sheet and have parents sign this sheet before handing out Fall Product Program materials. Keep this sheet in a safe place and retain in your records for a year. If you have questions, please reach out to us at customer care@girlscoutshh.org.