girl scouts
heart of the hudson

Troop_____ Caregiver 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.

Girl First Name	*Girl Last Name*	*Parent Email Addresss*	*Parent Signature*	*Date*

Troop Leader: Please fill in the troop number at the top of the sheet and have caregivers 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 membercare@girlscoutshh.org.