girl scouts
heart of the hudson

Troop_____ Caregiver Permission Sheet

By signing below, caregivers are indicating that their Girl Scout has permission to participate in the Girl Scouts Heart of the Hudson Fall Product Program. The caregiver agrees to accept payment responsibility for all products they order and receive, assist in delivery of all nut/candy items sold on the Order Card and through Online Girl Delivery, and sees that their Girl Scout has guidance at all times.

Girl First Name	*Girl Last Name*	*Caregiver Email*	*Caregiver Signature*	*Date*

Troop Leader/Fall Product Chair: 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 your records for a year. If you have questions, please reach out to us at membercare@girlscoutshh.org.