

Annual Girl Permission Form 2020-21

Complete this form at the beginning of each Girl Scout year.
This form will be retained by the troop leader.

Girl's Name _____ Troop # _____ DOB _____
Street Address _____
City, State, ZIP _____ Home Phone _____
School _____ Grade in Fall _____

Permission for Field Trips/Camping

My girl has permission to travel to, attend and participate in troop- and council-sponsored activities that are less than a 4-hour drive from the troop's regular meeting location, two nights or fewer, and not considered high-risk activities as outlined by Girl Scouts of Gateway Council.

YES _____ NO* _____ Parent Initials _____

* By checking NO, I am requesting to sign individual permission slips for each activity.

If I cannot be reached in the event of an emergency, the following individuals are authorized to act on my behalf.

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Physician's Name and Phone _____

Preferred Hospital and Address _____

Additional Remarks _____

Parent/Guardian Contact Information

Name _____ Relation to Child _____

Street Address (If different from girl's) _____

City, State, ZIP _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____

Parent/Guardian Agreement

I have read and understand this annual permission form. I may change or revoke any aspect of this agreement at any time by submitting by request, in writing, to the troop leader.

Parent/Guardian Name (Please print) _____

Signature _____ Date _____