



Annual Girl Permission Form

Complete this form at the beginning of each Girl Scout Year. This form will be retained by the Troop Leader.

Girls Name: _____ Date of Birth: _____ Troop #: _____

Street Address: _____ GS Year: _____

City _____ State _____ Zip Code _____

School Name _____ Cell # _____ Grade _____

Home # _____

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. Please initial and check YES or NO.

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

Parent Initials: _____ YES NO*

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 _____ Physician's Phone Number _____

Preferred Hospital _____

Additional Remarks: _____

Parent/Guardian Contact Information

Street Address: _____

City _____ State _____ Zip Code _____

Email Address: _____ Cell # _____ Home # _____

Work # _____

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 Printed Name: _____

Parent/Guardian Signature: _____ Date: _____