



# Annual Girl Permission Form 2019-20

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 \_\_\_\_\_