



Annual Girl Permission Form

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

Girl's Name: _____ Date of Birth: _____ Troop #: _____
Address: _____ GS Year: _____
City: _____ State: _____ Zip Code: _____
School Name: _____ Grade: _____
Cell #: _____ 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 consider 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: _____ Phone #: _____
Preferred Hospital: _____
Additional Remarks: _____

Parent/Guardian Contact Information

Parent/Guardian
Printed Name: _____
Address: _____ State: _____ Zip Code: _____
City: _____ Cell #: _____ Home #: _____
Email Address: _____ 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
Signature: _____ Date: _____