girl scouts
of gateway council

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

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: _____