

Troop Activity Permission Slip

Troop #: _____ Activity Description: _____

Date: _____ Location: _____ Phone: _____

Mode of Transportation: _____

Time and Place of Departure: _____

Time and Place of Return: _____

Adults accompanying girls (names & Girl Scout position or relationship to girls): _____

Cost: _____

Your Girl Scout should bring: _____

Troop Leader's Name: _____ Phone: _____

Troop Emergency Contact: _____ Phone: _____

Please fill out bottom part of this form and return to the troop leader by: _____



This form will be retained by the troop leader

_____ (my girl) has permission to participate in _____ (activity) on _____ (date). She is in good physical condition and has not had any serious illness or operation since her last health examination. I hereby give permission for my girl (listed above) to be photographed, interviewed, and/or videotaped at Girl Scout activities by the Girl Scouts of Minnesota and Wisconsin River Valleys (GSRV), any photographer contracted by GSRV, or approved media partners.

Parent/Guardian Contact Information

Name: _____ Relationship to Girl: _____

Address: _____ City, State, Zip: _____

Phone: _____ Email: _____

Emergency Contact

In the event of an emergency, the following person is authorized to act in my behalf if I cannot be reached:

Name: _____ Relationship to Girl: _____

Address: _____ City, State, Zip: _____

Phone: _____ Secondary Phone: _____





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Medical Information

Physician's Name: _____ Physician's Phone: _____

Clinic/Hospital Address: _____ City, State, Zip: _____

Additional Remarks: _____

Note: *Participants with allergies must fill out an Allergy and Anaphylaxis Emergency Action Plan form found online at: gsrv.gs/allergy-form.*

Parent/Guardian Agreement

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

Parent/Guardian Name (Print): _____ Date: _____

Parent/Guardian Signature: _____