



## Annual Girl Scout Permission Slip

*Complete this form at registration. This form will be retained by the troop leader.*

Girl's Name: \_\_\_\_\_ Troop: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Grade in Fall: \_\_\_\_\_ School: \_\_\_\_\_

My girl has permission to travel to, attend, and participate in troop and council sponsored activities that are less than four hours drive from meeting location, two nights or less, and not considered high-risk activities as outlined by Girl Scouts River Valleys.

Permission for Trips:

☐ Yes ☐ No\*

*\*By checking "No" I am requesting to sign individual permission slips for each activity.*

### 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: \_\_\_\_\_

### 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](https://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: \_\_\_\_\_

Membership Year: \_\_\_\_\_