



Annual Girl Scout Permission Slip for 2024-2025

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.*

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: _____