



ANNUAL GIRL PERMISSION SLIP FOR 20 -20

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 Code: _____
Home 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.

Initials: _____

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

Name: _____ Relationship to girl: _____
Address: _____ City: _____ State, Zip Code: _____
Phone: _____ Secondary Phone: _____

Medical Information:

Physician's Name: _____ Physician's Phone: _____
Clinic/Hospital Address: _____ City: _____ State, Zip Code: _____
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 Contact Information

Name: _____ Relationship to girl: _____
Address: _____ City: _____ State, Zip Code: _____
Phone: _____ Email: _____

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: _____

Signature: _____ Date: _____