



# Annual Girl Scout Permission Form

Year \_\_\_\_\_

*Complete this form at the beginning of each Girl Scout year. This form will be retained by the troop leader.*

Girl's Name \_\_\_\_\_ Troop Number \_\_\_\_\_ Birthday \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

School \_\_\_\_\_ Grade in Fall \_\_\_\_\_

## 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 four-hour drive from the troop's regular meeting location, two nights or fewer, and are not considered high-risk activities as outlined by Girl Scouts of Black Diamond.

Yes \_\_\_\_\_ No \_\_\_\_\_ Parent Initials \_\_\_\_\_

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

## 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 and Phone \_\_\_\_\_

Preferred Hospital and Address \_\_\_\_\_

Additional Remarks \_\_\_\_\_

## Caregiver Contact Information

Name \_\_\_\_\_ Relation to Girl \_\_\_\_\_

Street Address (if different than girl's) \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

## Caregiver Agreement

I have read and understand the Annual Girl Scout 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.

Caregiver Name (*Please print*) \_\_\_\_\_

Caregiver Signature \_\_\_\_\_ Date \_\_\_\_\_