



# ANNUAL GIRL PERMISSION SLIP FOR 2019-2020

Complete this form at registration. This form will be retained by the troop leadership team

Girl's Name: \_\_\_\_\_ Troop #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State, Zip Code: \_\_\_\_\_  
 Best way to contact you: Text \_\_\_ Call \_\_\_ Email \_\_\_ Grade in Fall: \_\_\_\_\_ School: \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_

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

**Permission for Trips:**

Yes  No\*

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 person is authorized to act on 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](http://gsrv.gs/allergy-form).

**Parent/Guardian Contact Information**

Custodial Care: Both Parents \_\_\_ Mother/guardian only \_\_\_ Father/guardian only \_\_\_ Other \_\_\_\_\_

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: \_\_\_\_\_

Note to Troop Leadership Team: You must still log all trips away from the regular meeting location in the Service Unit Activity Log and provide parents/guardians with trip information at least two weeks before the trip/activity.