



Girl Scout Annual Activity Permission Slip
for the Girl Scout 20__ Membership Year
(October 1, 20__ through September 30, 20__)

My daughter (full name), _____, has my permission to participate in various Troop _____ field trips/events throughout the current Girl Scout membership year. She is in good physical condition and has not had any serious illness or operation since her last health examination.

During activities, I may be reached at:

Phone (_____) _____

Cellular (_____) _____

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

Contact #1:

Name _____ Relation to Participant _____

Address _____ City _____

Phone (_____) _____ Cellular (_____) _____

Contact #2 (not living in the same household):

Name _____ Relation to Participant _____

Address _____ City _____

Phone (_____) _____ Cellular (_____) _____

Physician's Name _____ Phone (_____) _____

Special Health Considerations:

[] Yes [] No The bearer of this letter has my permission as a parent or legal guardian to act on my behalf in any emergency dealing with the health and welfare of my daughter and to obtain emergency treatment for her by a licensed physician.

_____ I understand that ONLY girls and adults registered with GSUSA are covered by the limited accident insurance. Non-member siblings, other children and adults are NOT covered by the limited accident insurance.

_____ I understand that if any of this contact information changes, it is my (the parent/guardian) responsibility to notify the troop leader.

_____ I understand that I will sign off on my daughter's participation in these field trips/events and that there are some activities—such as those involving high risk or sensitive issues—that require special permission and/or Girl Scout/facility waivers separate from this annual activity permission slip.

Signature of Parent/Guardian _____

Date _____