

**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** \_\_\_\_\_