

**YEARLY PERMISSION FORM FOR TROOP MEETINGS & TRIPS
FOR YEAR 20__ - 20__**

Girl's Name: _____ Troop #: _____ Date of Birth _____

Street Address: _____ City: _____ State, Zip Code: _____

Home Phone: _____ Grade in Fall: _____ School: _____

Permission for Trips YES NO Initialed _____

My girl has permission to travel to, attend, and participate in troop and council sponsored activities that are less than 350 miles from her troop meeting location or less than 3 nights.

*** By checking 'no' I am requesting to sign individual permission slips for every activity.**

My daughter can return home from meetings by the following means (check all appropriate).

_____ mother/father/guardian will pick her up

_____ is allowed to go home with fellow Girl Scout name _____

_____ is allowed to walk home _____ anytime _____ Alone _____ with _____

_____ is **NOT** allowed to leave with _____

_____ Other family members that might pick her up: _____

Please list any medical condition you would like the leaders to be aware of such as asthma, allergies (food or medicine or insect bites), etc. If any medication is being taken by your daughter during the meeting time or at any Girl Scout activity, please inform the leaders. **NOTE: Participants with allergies must fill out an Allergies and Anaphylaxis Emergency Action Plan Form, found under Forms at GSCSNJ.org**

Special dietary needs:

Parent/Guardian Contact Information:

Name: _____ Relation to Child: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____ Email: _____

Name: _____ Relation to Child: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____ Email: _____

TURN OVER – 2 sided form

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

Name: _____ Address: _____

Cell Phone: _____ Relationship to Girl: _____

Physicians Name and Phone: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

I have registered my daughter on line or I have given my daughter's troop leader permission to register her on line for the Girl Scout year. I give permission for my daughter to be a member of Girl Scouts of Central & Southern NJ.

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: _____

MEDIA RELEASE FOR MINORS

For Troop Meetings and Activities from _____ to _____ Girl Scout year.

Media Permission

When participating in Girl Scout activities I give my consent for my daughter to be interviewed, photographed, videotaped, or electronically imaged for the purposes of promotional materials, news releases, or other published formats for either the local Girl Scout Councils or Girl Scouts of the USA. *The images will be sole property of the local Girl Scout Council or Girl Scouts of the USA. I hereby release and hold harmless the local Girl Scout Council and Girl Scouts of the USA from any claim arising from the use of these images.

NAME OF MINOR (please print): _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

DAYTIME PHONE NUMBER: (____) _____ ADDITIONAL PHONE (optional) (____) _____

Release for Minors (those under the age of eighteen): I, the undersigned, being a parent or guardian of the minor, hereby consent to the foregoing conditions and warrant that I have the authority to give such consent.

NAME OF PARENT/LEGAL GUARDIAN (please print): _____

SIGNATURE OF PARENT/LEGAL GUARDIAN (REQUIRED): _____

DATE: _____ PARENT/LEGAL GUARDIAN EMAIL ADDRESS*: _____

*(*will not be used for any other purposes or distributed to third parties)*