

**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 virtual meetings, 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 trip.**

**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: \_\_\_\_\_

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

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Physicians Name and Phone: \_\_\_\_\_

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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: \_\_\_\_\_

COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. As with any social activity, participation in Girl Scouts could present the risk of contracting COVID-19. While Girl Scouts of Central & Southern NJ takes every safety and preventative precaution, Girl Scouts of Central & Southern NJ can in no way warrant that COVID-19 infection will not occur through participation in council and troop programs."

**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)