

ANNUAL PERMISSION SLIP FOR 2019-2020

Complete this form at registration. This form will be retained by the troop/group leader.

Girl's Name	Troop #	Date of Birth
Street Address	City	State, Zip Code
Home Phone	Grade (Fall 2020)	School

Permission for Trips

Yes No*

Initialed _____

My daughter/dependent has permission to travel to, attend and participate in troop and Council-sponsored activities that are less than four hours' drive from our meeting location, or fewer than two nights. I understand that my troop leader will follow the Girl Scout Program standards and Safety Activity Checkpoints outlined by Girl Scouts of the Green and White Mountains.

* By checking "No" I am requesting to sign individual permission slips for each activity.

Permission for Use of Photos

Yes No

Initialed _____

I hereby consent that the videotapes, photographs, motion pictures, electronic images and/or audio recordings of my daughter/dependent may be used by Girl Scouts for public relations and publicity purposes to include but not limited to newspapers, printed materials, website and social media. I understand that her last name and residence will not be used for publicity purposes by Girl Scouts of the Green and White Mountains.

Permission for Emergency Medical Treatment

Yes No

Initialed _____

In the event of an emergency, every effort will be made to contact a parent/guardian or emergency contact. If no contact can be made, I hereby give authorization to Girl Scouts of the Green and White Mountains to seek treatment for my child and/or dependent minor by a licensed physician pursuant to New Hampshire and/or Vermont law. I know of no reason(s) why my daughter/dependent may not participate in prescribed activities except as noted on the Health History Form. **If permission for emergency medical treatment is not given, please prepare a signed statement providing the reason, a release of liability, and alternate instructions, and attach to this form.**

Permission for Product Programs: Fall & Cookie

Yes No

Initialed _____

My daughter/dependent has permission to participate in GSGWM Product Programs, which includes Girl Scout Cookie Program and the Fall Product Program. I accept financial responsibility for all products and money my Girl Scout receives. I agree to collect payment for products when delivered to the customer and submit these payment to the troop by the established payment dates. I assure that my Girl Scout does not sell to the public prior to published dates and that she has adult guidance and follows all safety guidelines. I agree to serve in a supporting role for the program. I assure that Girl Scout Cookies and Fall Products are not sold in a commercial/retail setting without a Girl Scout present and that my Girl Scout follows all council guidelines for participating in online sales and will only sell online through the designated online platforms. I understand that participation in the Girl Scout Product Programs is voluntary.

EMERGENCY CONTACT INFORMATION

Name	Telephone(s)	Relationship to Child
Name	Telephone(s)	Relationship to Child
Parent 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/group leader.		
Printed Name of Parent/Guardian	Signature of Parent/Guardian	Date
Street Address (if different from girl's)	City/State/Zip	Email Address
Home Telephone	Work Telephone	Mobile Telephone