

# ANNUAL PERMISSION SLIP FOR 2020-2021

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 that she has adult guidance and follows all safety guidelines. I will support my Girl Scout and we will abide by council policies and procedures for all aspects of product sales including but not limited to online and in-person sales. 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
<b>Parent Agreement</b>		
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