

Annual Permission Slip for 2025-2026Complete this form at registration. This form will be retained by the

troop/group leader.

Email Address

Mobile Telephone

State, Zip Code	Girl's Name		Troop #		Date of Birth
Permission for Trips [] Yes [] No* Initialed Permission for Use of Photos Initialed Initialed Initialed Initialed Permission for Use of Photos Initialed Initialed In the event of an emergency, everyeffort will be made to contact a parent/guardian or emergency Medical Treatment [] Yes [] No Initialed Initialed In the event of an emergency, everyeffort 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 lability, and alternate instructions, and attach to this form. Initialed Initia	Street Address		City		State, Zip Code
Trips 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. **Permission for Use of Photos** I Yes [] No 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 In the event of an emergency, every effort will be made to contact a parent/guardian or emergency my daughter/dependent may not participate in prescribed activities except as noted on the Health History Form. If permission for Product Programs: Fall & Cookie 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 responsible for all products and money my Girl Scout receives. I agree to collect payment for products who delivered to the customer and submit these payments to the troop by the established payment dates. I assure that my Girl Scout does not sell to the public prior bublished dates and that a has adult guidance and follows all safety guidelines. I will support my Girl Scout Product Programs voluntary. EMERGENCY CONTACT INFORMATION Telephone(s) Relationship to Youth	Home Phone		Grade (Fall 2025)		School
### emergency Medical Treatment] Yes] No Initialed	Trips [] Yes [] No* Initialed Permission for Use of Photos [] Yes [] No	Council- sponsored activities location, or fewer than two ni Scout Program standards and Green and White Mountains. * By checking "No" I am required I hereby consent that the vide and/or audio recordings of m relations and publicity purposmaterials, website and social	that are less than four ghts. I understand that d Safety Activity Checkp lesting to sign individual eotapes, photographs, my daughter/dependent moses to include but not l media. I understand th	hours' drive f my troop lead oints outlined permission s otion pictures hay be used by imited to new at her last nar	from our meeting ther will follow the Girl d by Girl Scouts of the slips for each activity. s, electronic images y Girl Scouts for public rspapers, printed me and residence will not
Permission for Product Programs: Fall & Cookie 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 responsible for all products and money my Girl Scout receives. I agree to collect payment for products whe delivered to the customer and submit these payments 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 shas adult guidance and follows all safety guidelines. I will support my Girl Scout and we will all 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 voluntary. EMERGENCY CONTACT INFORMATION Name Telephone(s) Relationship to Youth 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/group leader.	Emergency Medical Treatment [] Yes [] No	emergency contact. If no con the Green and White Mounta a licensed physician pursuan reason(s) why my daughter/ as noted on the Health Histo is not given, please prepare	tact can be made, I here ins to seek treatment for t to New Hampshire and dependent may not part ry Form. If permission e a signed statement p	eby give author my child ard/or Vermont icipate in preserved for emergen or oviding the	orization to Girl Scouts of nd/or dependent minor by law. I know of no scribed activities except ncy medical treatment
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Name Telephone(s) Relationship to Youth Name Telephone(s) Relationship to Youth 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/group leader.	Initialed	dates. I assure that my Girl Sc has adult guidance and follow by council policies and proced online and in-person sales. I u	out does not sell to the present sall safety guidelines. I dures for all aspects of pr	oublic prior to will support n roduct sales ir	published dates and that she ny Girl Scout and we will abio ncluding but not limited to
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Printed Name of Parent/Guardian Signature of Parent/Guardian Date	I have read and underst	and this annual permission slip request, in writing, to the troop	o/group leader.	e any aspect o	of this agreement at any

City/State/Zip

Work Telephone

Street Address (if different from youth's)

Home Telephone