PERMISSION SLIP FOR 2015-2016

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

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| --- | --- | --- |
| Girl’s Name | Troop # | Date of Birth |
| Street Address | City | State, Zip Code |
| Home Phone | Grade (Fall 2015) | 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 meeting location, two nights or less, and not considered high-risk activities as outlined by Girl Scouts. I understand that my troop leader will follow the Girl Scout Program standards and Activity Safety 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\_**

**Permission for Emergency Medical Treatment**

**[ ] 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.

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.**

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| **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 |

Volunteer Experience/Troop Packet/annual permission slip2015-2016.doc