

Annual Permission Slip



Girl Scout Year _____ Troop # _____

Girl Scout's Name _____ Date of Birth _____

Grade _____ School _____

Parent/Caregiver's Name _____

Relationship to Girl Scout _____ Email _____

Mobile Phone _____ Other Phone _____

Street Address _____

Town _____ State _____ Zip _____

Please select the following activities to which you agree:

- **Permission to participate in scheduled troop meetings:** My Girl Scout has permission to attend and participate in scheduled troop meetings at a designated location under the supervision of troop leaders. This includes activities such as walking trips around the grounds of the meeting place, such as a school yard.
- **Permission to attend trips:** My Girl Scout has permission to travel to, attend, and participate in troop trips that follow the GSSC Trip Policy for her designated program level, are approved by GSSC, and have available written details for review by myself or another designated parent/caregiver. I acknowledge that her troop leader must provide written details for each trip and that each trip may require an additional permission slip for her to participate.
- **Permission to be photographed/videoed:** My Girl Scout has permission to be photographed, videoed and/or voice recorded for the purpose of educational, advertising, non-commercial or commercial purposes in any manner or media whatsoever, including on the internet, in print campaigns, in-store and via television for either the local troop, by Girl Scouts of Suffolk County (GSSC) or Girl Scouts of the USA (GSUSA). I hereby release and hold harmless the local troop, GSSC, or GSUSA for any claim arising from the use of these images.

My Girl Scout may be released to the following individuals after a Girl Scout activity:

(List full names and relationship to Girl Scout below)

Parent/Caregiver's Signature _____ Date _____

(Last Updated: 10/8/25)

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