



Worcester Service Center:
115 Century Drive
Worcester, MA 01606

Holyoke Service Center:
301 Kelly Way, Holyoke, MA 01040-9683
Fax 413-536-138

Annual Activity Permission Form: Oct 1, 2023 to Sept 30, 2024

High risk and overnight trips require a separate individual Parent Permission form.

Girl Scouts of Central & Western MA Troop/Group # _____

Name of Girl Scout _____ Date of Birth _____ Grade _____

Parent /Guardian: _____ Home phone number _____

Parent/Guardian cell phone number: _____ OK to text? _____

Parent/Guardian email address: _____

Parent/ Guardian Address: _____

Emergency contact name: _____ Home phone number: _____

Emergency contact cell phone number: _____ OK to text? _____

Relationship to the child: _____

Special Accommodations: _____

The parent/guardian identified above grants the following:

- Permission for my girl to travel to and participate in troop/group and council-sponsored activities, except those considered high risk or involving an overnight stay.
- In the event I cannot be reached in an emergency, I hereby give permission to the physician, hospital, or medical service selected by the leader(s) to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child as named above. It is understood that a conscientious effort will be made to locate me or the emergency contact listed before any action is taken.
- I understand that if a trip is considered high risk or requires an overnight stay there is a separate individual parent permission form that I need to fill out in order for my girl to participate.
- I will notify the troop/group leaders of any changes in emergency contact information.
- I will notify the troop/group leaders of any changes for special accommodations for my girl.
- I understand I may change or revoke any of these agreements at any time by submitting my request, in writing, to the troop/group leaders.
- Parents/Guardians Agreement: I have read and understand this Simple trips annual permission form.

Parent/Guardian Print Name:

_____ DATE: _____

Parent/Guardian Signature:

_____ DATE: _____

*Parents/Guardians: Keep a copy of this form for your records and submit original to the troop/group .