

## Girl Scouts Heart of New Jersey Troop Permission Slip

Troop Leaders: Use this permission slip to be signed annually by your troop parents/guardians.

5-digit Troop Number: \_\_\_\_\_ Troop Leader Name: \_\_\_\_\_

Troop Meeting Location: \_\_\_\_\_ Troop Meeting Dates: \_\_\_\_\_

Troop Meeting Time: \_\_\_\_\_

In Case of Emergency please contact: Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

This person will immediately notify the parents/leaders of any issues.

---

**Parents/Guardians:** Either print this form and write in the information or enter the information electronically (including an e-signature), and e-mail back to your troop leader prior to starting any Girl Scout activities or programs.

My Scout \_\_\_\_\_ has my permission to participate in all Girl Scout activities outside of the standard meeting time, including the fall product program and cookie program. My troop leader must notify me of any trips and programs prior to date and will notify the leader if my daughter has any special needs.

I ensure that a current Girl Health History Form is on file with the troop leader. During the activity, I may be reached via (phone number)

If I cannot be reached in the event of an emergency, please contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship to Girl: \_\_\_\_\_

In the event of an accident, serious illness, or emergency, the troop leader or adult responsible for the troop has my authorization to secure medical attention for my child as deemed necessary.

I acknowledge that COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. As with any social activity, participation in Girl Scouts could present the risk of contracting COVID-19. I understand that while Girl Scouts Heart of New Jersey takes every safety and preventative precaution, GSHNJ can in no way warrant that COVID-19 infection will not occur through participation in Girl Scout activities.

---

**For ALL Girl Scout product programs:** I agree to accept payment responsibility for all products she receives and to see that she has adult supervision at all times. I understand my daughter must be registered before the sale begins to participate. I understand all initial paper orders, and goal getter & booth sales must be paid for by designated dates provided by leader.

I agree to the following:

- My Girl Scout is a currently registered member of Girl Scouts Heart of New Jersey.
- My Girl Scout will not take orders prior to program start date.
- My Girl Scout is responsible for all products ordered.
- My Girl Scout understands that all orders cannot be returned.
- My Girl Scout is responsible for all money collected.
- My Girl Scout will give money collected to the Troop Product Manager or Troop Leader on time.
- I understand that all unpaid accounts will be pursued for collection through a collection agency or an attorney. I also understand that I will be responsible for all collection expenses, attorneys' fees and costs incurred by GSHNJ in collecting unpaid accounts.
- I will sign the GS Internet Safety Pledge (available from the GSHNJ website) for online marketing.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you choose to use an electronic form of this document, by typing your name, you are electronically signing this form and are confirming that you have read the entire form. You hereby give permission to the girl named above to participate in all Girl Scouting activities.