

**GIRL SCOUTS OF CONNECTICUT** 

20 Washington Avenue, North Haven, CT 06473 www.gsofct.org 1-800-922-2770

## ANNUAL PICK-UP AUTHORIZATION FORM (TO BE COMPLETED BY PARENT(S)/LEGAL GUARDIAN(S))

- Please complete this form for anyone, including parent(s)/legal guardian(s), who will pick up your Girl Scout from Troop/Group meetings/events, regardless of where the meeting/event takes place. Please write clearly.
- Submit this completed form (one per Girl Scout) to your Troop/Group Leader prior to the girl's first Troop/Group meeting/event of the current membership year.
- Girl Scouts of Connecticut gives high priority to ensuring the safety of girls attending Girl Scout meetings/events; therefore, we will <u>not</u> release girls to anyone except a parent or guardian without a completed form.
- Please inform each of the persons listed below that they must be prepared to **show** identification when picking your girl(s) up.

Please Note: Any changes to the information provided below must be given to the Troop/Group Leader in writing.

Girl Information			
Name of Girl Scout (first, middle, last)		Troop/Group# Lev	/el:
Parent/Guardian Name	Home Phone	Cell Phone	Email
Parent/Guardian Name	Home Phone	Cell Phone	Email

The following person(s) are authorized to pick up my Girl Scout from Troop/Group meetings or events					
Primary pick-up person(s)					
Name	Address	Relationship	Phone		
Name	Address	Relationship	Phone		
Additional persons who m	<i>ha y pick up my Girl Scout (</i> a photo ID must be	furnished)			
Name	Address	Relationship	Phone		
Name	Address	Relationship	Phone		
Name	Address	Relationship	Phone		
Name	Address	Relationship	Phone		
Name	Address	Relationship	Phone		

Permission to Walk Home from Girl Scout Meetings/Events	
My Girl Scout has my permission to walk home from Girl Scout meetings/events.	Yes No

## I verify that all the above information is true and correct to the best of my knowledge.

Parent/Guardian Signature*	Date

\*Original Signature Required