



Girl Scouts of Central Maryland
4806 Seton Drive
Baltimore, MD 21215
410-358-9711, 1-800-492-2521

PARENT/GUARDIAN PERMISSION FORM

NAME OF THE EVENT:

DATE OF EVENT:

TIME OF EVENT:

WHO IS ATTENDING:

LOCATION:

MEETING PLACE:

METHOD OF TRAVEL:

ADULT IN CHARGE:

PHONE NUMBER:

COST:

WHAT TO BRING:

OFFSITE EMERGENCY CONTACT:

ONSITE EMERGENCY CONTACT:

FIRST AIDER(S):

NEAREST MEDICAL FACILITY TO THE EVENT:

****Troops/groups traveling to and from Girl Scout events must adhere to the driving/seatbelt/First Aid standards and checklists in SAFETY-WISE.**



My daughter

has my permission to participate in the field trip to

I agree that my daughter is in good health and may participate in this activity. I agree that she will not attend this event should she become ill or exposed to a contagious disease. I give my permission for medical treatment if necessary. I also give permission for her to be photographed for publicity purposes.

During the event I can be reached at:

Location:

Phone Number:

(Daytime)

(Cellular)

If I cannot be reached in an emergency, please contact (print information):

Name:

Relationship to Child:

Phone Number:

(Daytime)

(Cellular)

I understand that Girl Scout activity insurance is secondary to any personal insurance I may have.

Parent Name (Print):

Date

Parent Signature:

I am available to carpool :