



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 :**