



PARENT/GUARDIAN PERMISSION FORM

NAME OF EVENT.....Holiday Performance Lorien Mays Chapel
WHO WILL BE ATTENDING.....Girl Scouts of Central Maryland Chorus
DATE.....Wednesday, December 17, 2014
LOCATION.....Lorien Mays Chapel
ARRIVE.....6 PM (start singing 6:30)
STOP TIME..7:30 PM
MEETING PLACE.....Lorien Mays Chapel Rehabilitation Center
12230 Roundwood Rd., Timonium, MD 21093
PHONE.....888-480-4068
COST.....None
METHOD OF TRAVEL.....Parents' cars
WHAT TO WEAR..... Chorus shirts, black skirt or slacks
ADULT IN CHARGE.....Pat Disharoon
FIRST AIDER.....Kelly Smith
ADULT CERTIFIED FOR TROOP CAMPING (if required): Pat Disharoon
EMERGENCY CONTACT: Russ Disharoon PHONE: 410-233-5337
**Troops/groups traveling to and from Girl Scout events must adhere to the driving/seatbelt/First Aid standards and checklists in SAFETY-WISE.

PLEASE KEEP TOP HALF FOR YOUR RECORDS

RETURN BOTTOM HALF OF FORM TO DIRECTOR

My daughter _____ has my permission to participate in the field trip to Lorien Mays Chapel.

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

____I, _____, will also be performing with my daughter.

During the event I can be reached at:

Location _____
Phone Number _____ D _____ E
Cellular Phone _____ Pager number _____

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

Name _____ Relationship to child _____
Phone Number _____ D _____ E
Cellular Phone _____ Pager number _____

Parent _____ (print name)
Parent _____ (signature) Date _____