

PARENT/GUARDIAN PERMISSION FORM



NAME OF EVENT..... Benefit concert for National Federation of the Blind
An Afternoon of Musical Inspiration
WHO WILL BE ATTENDING..... Girl Scouts of Central Maryland Chorus
DATE..... Sunday, March 22, 2015
LOCATION..... Pikesville International Seventh-Day Adventist Church
4619 Old Court Road, Pikesville, Maryland 21208
ARRIVE..... 3:30 PM
STOP TIME.. 5 PM
MEETING PLACE..... At the church
COST..... Performers are free; tickets are \$10/person for families
METHOD OF TRAVEL..... Parents' cars
WHAT TO WEAR..... Chorus shirts, black skirt or slacks
ADULT IN CHARGE..... Pat Disharoon
FIRST AIDER..... Kelly Smith
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 the concert for the National Federation of the Blind.

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 _____