

PARENT/GUARDIAN PERMISSION FORM



NAME OF EVENT.....Charlestown Girl Scout Birthday Celebration
WHO WILL BE ATTENDING.....Girl Scouts of Central Maryland Chorus
PURPOSE.....Holiday performance
DATE.....Saturday, March 14, 2015
LOCATION.....Charlestown, 715 Maiden Choice Lane, Catonsville 21228
ARRIVE.....1 PM We'll be singing from 1:30-2:30 and
STOP TIME...3 PM can stay then for birthday cake for Girl Scouts!
MEETING PLACE.....Charlestown Square Building, Room 116
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
NEAREST HOSPITAL.....St. Agnes Hospital PHONE: 410-362-6000
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 or Kelly Smith
209 Kenwood Avenue
Baltimore, MD 21228

My daughter _____ has my permission to participate in the field trip to Charlestown .

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 _____