**Parent/Guardian Permission Form**

NAME OF THE EVENT: World Thinking Day 2018 DATE: 2/24/2018 with a Snow Date of 3/10/2018

LOCATION: Milford Mill United Methodist Church, 915 Milford Mill Rd, Pikesville, MD 21208

IS THIS A GIRL SCOUT SPONSORED EVENT: X YES

ARRIVAL TIME: 12:30 PM FINISH TIME: 1:30 PM

NAME OF ADULT IN CHARGE Pat Disharoon PHONE NUMBER: 410-591-3060

COST: We are performing in the Opening Exercises. There is no charge for performers, who can then stay for the entire event for free!

COST PER SIBLING or ADULT to enjoy the event: $10/person

METHOD OF TRAVEL: Car

WEAR: Chorus Uniform with white Chorus shirt, black pants or skirt

NEAREST MEDICAL FACILITY: Northwest Hospital, 5401 Old Ct Rd, Randallstown, MD 410.521.2200

EMERGENCY CONTACT DURING THE EVENT: Russ Disharoon PHONE NUMBER: 410-935-7075

FIRST AID/CRR: Patricia Disharoon, MD DATE OF CERTIFICATION: 2016

**Troops or groups traveling to and from Girl Scout events must adhere to the driving/seatbelt/First Aid**

**standards and checklists as outlined by GSUSA. Safety information can be referenced in *Volunteer Essentials***

***and the Safety Activity Checkpoint.* CERTIFICATE OF INSURANCE MUST BE ON FILE AT GIRL SCOUTS OF**

**CENTRAL MARYLAND FOR ALL BUSES LEASED FOR GIRL SCOUT ACTIVITIES (Council Approval needed).**

**RETURN THIS HALF OF FORM TO LEADER OR EVENT COORDINATOR BY January rehearsal**

My daughter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, has my permission to participate in the field trip to Milford Mill Church for the GSCM World Thinking Day event on 2/24/18 (snow date 3/10/18). 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 agree that she will not attend this event if she should become ill or exposed to a contagious disease.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, will be performing with my daughter in Chorus. No charge.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, would like to attend the event with my daughter. Extra $10 enclosed if we plan to stay to enjoy the event after the Chorus performs.

**During the event I can be reached at:**

LOCATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DAY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CELL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DAY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CELL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Should I give permission for another adult/leader to accompany my daughter/troop to this activity, she/he will have my permission to act on my behalf in an emergency. Additionally, she/he will have contact information for my daughter’s physician and dentist with them for the duration of the activity.

Photographs of your daughter may be used by Girl Scouts of Central Maryland for the purpose of telling a story or to promote the interest of Girl Scouting. Please indicate your consent below:

\_\_\_\_\_Yes, you may use photographs of my daughter(s). \_\_\_\_\_No, you may not use photographs of my daughter(s).

I have read, understand and agree to the above statement and agree to my daughter’s participation in this activity.

Parent/Guardian Name (print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_