**Parent/Guardian Permission Form: World Thinking Day**

A close up of a flag

Description automatically generated

NAME OF THE EVENT: World Thinking Day: ”Living Threads”

LOCATION: Peterson Center Camp Ilchester, 5042 Ilchester Rd, Ellicott City, MD 21043 TIME: Sunday, 23 February, 1:30 - 4 PM Chorus will sing 3-4 PM

IS THIS A GIRL SCOUT SPONSORED EVENT? YES – Happy Wanderers Travel Group 80006/ GSCM

ARRIVAL TIME FOR CHORUS PERFORMANCE: 2:45 PM FINISH TIME: 4 PM

Troop Leader attending event with this Troop: Patricia Disharoon Phone Number: 410-591-3060

COST to sing: None

Girls are also welcome to register to attend the entire event at COST PER GIRL $18\* and COST PER ADULT\* $12  ***includes Activities,***

***Drinks/snacks for all, WAGGGS Thinking Day badge for each girl) \****

METHOD OF TRAVEL: Parents

BRING: Water bottle; pre activity items as specified in registration confirmation

DRESS: Chorus uniform

NEAREST MEDICAL FACILITY: St. Agnes Hospital PHONE: 410-368-6000

NAME OF EVENT COORDINATOR: Paula Thayer, 443-852-1634 , **pdthayer115@gmail.com**

**Contact Paula Thayer for flyer if you wish to attend the entire event**

EMERGENCY CONTACT DURING THE EVENT: Russ Disharoon PHONE: 410-935-7075 FIRST AIDER: Kelly Smith

**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.***

**PARENTS KEEP TOP HALF. COMPLETE and RETURN BOTTOM HALF OF FORM to Chaperone :**  **BOTTOM HALF BELOW WILL BE COLLECTED AT CHECK IN.**

My daughter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_has my permission to participate in the World Thinking Day program at Camp Ilchester Ellicott City MD on Sunday, Feb. 23, from 1:30-4 PM. I agree that my daughter will follow the directions of the troop leader/chaperone and event coordinators at this event. I agree that my daughter will bring proper and appropriate clothing and gear for this INDOOR event. My daughter is in good health and may participate in this activity. I have reviewed for currency and signed a copy of my daughter’s required Health History record (GSCM Form #02-779) which the troop leader or chaperone will bring to the event. I give my permission for medical treatment if necessary. I agree that my daughter will not attend this event if she should become ill or exposed to a contagious disease. Please indicate any special health concerns below**. NO NUTS OR PEANUTS ARE PERMITTED AT THIS EVENT (parent initial \_\_\_\_)**  There are NO REFUNDS unless the Camp is closed (.\_\_\_\_ parent Initial)

\_\_\_\_I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, would like to attend this event with my daughter. I am GSCM registered and have completed my background check. Extra $12 enclosed.

**During the event I, parent or guardian, can be reached at:**

Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBER: DAY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EVE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DAY PHONE NUMBER:\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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:\_\_\_\_\_\_\_\_\_\_\_\_