

Girl Scouts of the Chesapeake Bay

225 Old Baltimore Pike
Newark, DE 19702

Girl Scouts – Parent’s Consent for Event

Troop# _____ is planning _____

Leave _____ on _____ at _____
PLACE DATE TIME

Return _____
DATE TIME

Program Outline:(List major activities i.e., activities involving travel, water, camping, sensitive issues or physically demanding.) Refer to *Safety Activity Checkpoints*.

Travel Arrangement _____
NAME OF PROVIDER/DRIVER

The adult in charge _____
NAME PHONE

If we are delayed in returning we will call: _____ Phone: _____

If you permit your daughter to participate, please complete the bottom half of this page, tear off and return. Keep top half for reference.

PERMISSION SLIP Parents: Please complete and return the bottom portion to the leader.

Destination/Program: _____ Date: _____

List major activities: _____

We, the parents (or guardian) of _____, are familiar with the purpose of this event, and give full permission for her to attend this event/program and participate in all phases of the program unless noted.

We agree that any photographs and/or files for which she may pose or be included during the period of this event shall be and remain the property of the Girl Scouts of the Chesapeake Bay Council, its successors or assigns; and that the Girl Scouts of the Chesapeake Bay Council shall have the right to use such photographs and/or films whenever and in whatever way desired, free and clear of any claims whatsoever on our part.

During the activity I may be reached at: _____

Address: _____ Phone No.: _____

If I cannot be reached in the event of an emergency, the following person is authorized to act in my behalf:

Name and Address: _____

Relationship to participant _____ Phone No.: _____

I am willing to have my daughter treated by a nurse or first aider for minor ailments and by a physician when necessary. Any handicap she may have is described on the note attached. (My daughter has permission to take trips out of camp as planned, if this is a day or resident camp event).

Additional Notes/comments _____

Signature of Parent or Guardian: _____ Date: _____