

# PARENT/GUARDIAN PERMISSION FORM



NAME OF EVENT.....Charlestown Assisted Living and Nursing Facility  
WHO WILL BE ATTENDING.....Girl Scouts of Central Maryland Chorus  
PURPOSE.....Holiday performance  
DATE.....Sunday, December 21, 2014  
LOCATION.....Charlestown, 715 Maiden Choice Lane, Catonsville 21228  
ARRIVE.....1:30 PM  
STOP TIME...3 PM

MEETING PLACE.....Nursing Home building (ask at gate)

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**

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**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 \_\_\_\_\_