

----- **Permission Slip** -----

*Please complete and bring this form to the event or give to troop leader*

Destination/Program: \_\_\_\_\_ Date: \_\_\_\_\_

Major Activities: \_\_\_\_\_

We, the parents or guardians of \_\_\_\_\_ Troop # \_\_\_\_\_

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 films for which she may pose or be included during the period of this event shall be and remain the property of the Chesapeake Bay Girl Scout Council, its successors or assigns; and that the Chesapeake Bay Girl Scout 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

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: \_\_\_\_\_

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.)

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_