



## Parent Permission for Girl Scout Activity

Troop/Group Among the Pines is planning Thursday overnight (those entering 3rd grade or above who desire to stay)  
Date Thursday, July 24 Time through the last day of camp  
Location Boulder County Fairgrounds Exhibit Building  
Time and place of departure N/A  
Time and place of return N/A  
Mode of transportation N/A

### Adults Accompanying the Group:

Name Debbie Wiggins (Director) Phone 303-827-8709  
Name Donne Gluvna (Assistant Director) Phone 303-960-7504  
Name Unit Leaders, Unit Assistants, Program Aides Phone \_\_\_\_\_

### Each Girl Will Need:

Expense N/A  
Equipment and clothing sleeping bag, air mattress or sleeping pad, pillow, pajamas, change of clothing, toiletries, jacket/sweatshirt

**Please notify the leader if your daughter is exposed to any communicable diseases within three weeks of an overnight activity.**

In case of an emergency, the leader will notify:

Emergency Contact Person Debbie Wiggins Phone 303-827-8709  
who will then notify the parent(s) or guardian.

*(Return this portion to Unit Leader)*

My daughter, \_\_\_\_\_ has permission to participate in \_\_\_\_\_ (activity)  
She can participate with reasonable accommodations. Please describe.

During the activity, I can be reached at: \_\_\_\_\_ Phone \_\_\_\_\_

**I will not send my daughter if she is not feeling well and I will inform you that she will not be attending the activity prior to the time of departure.**

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

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Your physician's name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

**In the event I cannot be reached in an emergency, I hereby give my permission to the physician, hospital or medical service selected by the leaders to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above. It is understood that a conscientious effort will be made to locate me or the emergency contact listed before any action is taken.**

Your signature \_\_\_\_\_  
(Parent or Guardian)

Address \_\_\_\_\_ Phone \_\_\_\_\_