

Please read **SECTION A** carefully, then complete **SECTION B** and return it to the troop/group leader.

Section A	to be completed by leaders and by parent/guardian	<i>LEADER: This form should be used with a medical history form.</i>
Troop/Group: <u>Daisy Troop</u> Adult in charge: <u>Alice Few, (LIT) Katie Dennis</u>		
Event or Activity: <u>Library Tour</u>		
Location: <u>King County Regional Library (clock library) 34200 1st Way S Federal Way</u>		
Departure Date: <u>07/19/06</u> Place: <u>library</u> Time: <u>6:30 pm</u>		
Return Date: <u>07/19/06</u> Place: <u>library</u> Time: <u>8:00 pm</u>		
Cost per girl: \$ <u>\$0.00</u> Each girl is to bring: <u>library card if she has one</u>		
In case of an emergency, you can reach the troop/group by calling: (<u> </u>) <u>(253) 653-1402</u>		
Comments: _____ _____ _____		



Section B	to be completed by parent/guardian and <u>returned to leaders</u>	
I permit _____ to take part in <u>Library Tour</u> from <u>07/19/06</u> to <u>07/19/06</u> <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> <i>girl's name</i> <i>event/activity name</i> <i>depart date</i> <i>return date</i> </div>		
<p><i>As the parent or legal guardian of the above child, I give permission for:</i></p> <ol style="list-style-type: none"> 1. The above named child to be transported by a volunteer driver. 2. The troop first aide person to give over -the- counter medications for minor medical discomforts. 3. The adult in charge to arrange for emergency medical attention if I cannot be reached. 4. The above named child to be photographed and/or video taped during the event, and for the images and/or recordings to be published, reproduced, or distributed by Girl Scouts and its affiliates in all outlets, including, but not limited to, television, newspapers, internet, council publications, recruitment materials, and ads without liability or limitation on my or my minor's part. 		
The above named child is in good health and able to participate: Yes _____ No _____		
Her restrictions on strenuous activities are: _____		
She has the following allergies: _____		
She is taking the following prescribed medication: _____		
In case of emergency, I will be in _____ at (_____) _____ or (_____) _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> <i>city</i> <i>phone #</i> <i>phone #</i> </div>		
Name of parent or guardian: (Please print clearly) _____		
Signature: _____		