



PROGRAM RELEASE FORM

Bring this completed form to the program you will be attending. This form will not be returned.

The camp/program director has the right to refuse to admit anyone to the program who does not meet the acceptable health conditions, e.g. temperature, contagious disease.

Program Date _____ Troop Number or Juliette _____

Name		Program Name		
Address		City	State	Zip
Date of Birth		Age		
Parent's Name (if minor)				
Home Phone		Work Phone		Cell Phone

Telephone numbers where emergency contacts may be reached:

Name _____ Home Phone _____
 Business Phone _____ Cell Phone _____

Name _____ Home Phone _____
 Business Phone _____ Cell Phone _____

I give permission to:

- Attend above Girl Scout program
- Be treated by a health provider, first aider, health supervisor, and/or hospital in case of an emergency.
- Have photographs and videos taken while participating in this program. Girl Scouts of Utah may use these photographs and/or videos for publicity purposes.
- Be taken to program by: Name _____ Phone _____
- Be taken home by: Name _____ Phone _____

Signature of self or parent/guardian for minor Date _____

ADDITIONAL INFORMATION

Allergies: Yes No

If yes, please list _____

Any special medical or other pertinent information: Yes No

If yes, please list _____

Limitations for activities: Yes No

If yes, please list _____

Additional remarks: _____