



# 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: \_\_\_\_\_