Parent/Guardian Permission for Frontier Girls Activities And Trips and Consent to Medical Treatment

Troop #	
I give permission for my child to participate in all programs and activities sponsored by Frontier Girls Troop # This permission slip is valid for all activities held at the regular meeting location, or away, for the program year I understand that adults supervise all events, but that participation of my child is at my own risk. Specific information regarding troop activities will be distributed prior to each event and will be available from one of the leaders. Special events may require additional permission forms.	
Girl's Name:	
Nature of the act	ivities or trips planned:
participating and at all times. I her activities or trips	nature of the Frontier Girls activities and trips in which my daughter will be that she is expected to abide by all Frontier Girls rules, policies, and procedures beby give my permission for my daughter to participate in the above described. I understand that in the event of an accident, illness or any other circumstance all treatment, such treatment may be procured for my daughter at my own
Date:	Signature of Parent/Guardian:
	signed parent, parents or legal guardian of, a minor, do hereby authorize and consent to any x-ray
care which is decany member of to made to contact above treatment	esthetic, medical or surgical diagnosis and treatment and emergency hospital emed advisable and is to be rendered under the general or special supervision of the medical staff and emergency room staff. It is understood that effort shall be the undersigned prior to rending treatment to the patient, but that any of the will not be withheld if the undersigned cannot be reached. Signature of Parent/Guardian:
	permission form as well as a copy of the girl's health form should be kept by the

supervising volunteer during the activity or trip.)