



Inspired by U™ Kookie Cookie Kick Off!

Date: _____ Time: _____

Cost: \$00.00 _____ plus a donation of _____

Troop Leader notes:

- Please RSVP to _____ with your Troop number and the # of girls attending by _____
- Bring one troop check payable to _____ ASSOCIATION to the event.
- Bring permission slips (below) with you to the event.
- Adult coverage needed as per GSUSA *Safety Wise* and GSNC *Policies, Standards and Guidelines* for each troop.
- If your whole troop can't attend, please send at least 2 or 3 girls with a leader, so they can go back to their troop and pass on what they've learned!

I give permission for _____ **to participate in the Cookie Kick-off on**
I shall allow her to attend only if she is in good physical condition at the time of the event. I shall be responsible for meeting her on time at the place of return.

Please see that my child receives the medication(s) _____ in the following dosage _____ frequency _____ for (condition(s)) _____

In case of emergency, the adult in charge will make every effort to contact me, or the emergency adult listed below. If we cannot be reached, I hereby authorize the doctor or hospital to administer whatever emergency medical treatment is necessary.

Please print name and telephone number:

Parent/Guardian: _____ Telephone Number: _____

Local Emergency Adult: _____ Telephone Number: _____

Child's Physician: _____ Telephone Number: _____

Parent/Guardian Signature: _____ Date: _____

