

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

CLUB NAME: _____

I give permission for my child to participate in all programs and activities sponsored by _____ . 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.

Child's Name: _____

Nature of the activities or trips planned: _____

I understand the nature of the Frontier Girls activities and trips in which my child will be participating and that she is expected to abide by all Frontier Girls rules, policies, and procedures at all times. I hereby give my permission for my child to participate in the above described activities or trips. I understand that in the event of an accident, illness or any other circumstance requiring medical treatment, such treatment may be procured for my child at my own expense.

I understand that any youth program or individual that uses the Frontier Girls name and uses Frontier Girls materials is not a division, branch, or department of Frontier Girls or Curiosity Untamed LLC. Their relative status is that of an independent purchaser and licensee (the purchaser) and provider and licensor (Curiosity Untamed LLC) of the Frontier Girls program materials.

Date: _____ Signature of Parent/Guardian: _____

I (We) the undersigned parent, parents or legal guardian of _____, a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis and treatment and emergency hospital care which is deemed advisable and is to be rendered under the general or special supervision of any member of the medical staff and emergency room staff. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

Date: _____ Signature of Parent/Guardian: _____

(A copy of this permission form as well as a copy of the child's health form should be kept by the supervising volunteer during the activity or trip.)