



Your daughter/ward has the opportunity to participate in the following Girl Guides of Canada activity/event.

Activity – Guiders please complete this activity section.

Activity/event/camp: Co-op Camp 2020 Date(s): From Sept 25/20 to Sept. 27/20
Location: Camp Manitou Scout Camp

The details of this activity/event/camp are explained on the attached Activity Plan (SG.1).

The activity/event indicated above falls outside what Girl Guides of Canada considers to be a "regular unit activity." Our procedures require that you review the planned activity(ies) and consider the following:

- In all activities there is an element of risk. While Girl Guides of Canada and your daughter's/ward's Guider(s) take reasonable precautions to minimize these risks, this is no guarantee against injury or loss.
Some of the risks associated with these types of activities include (but are not limited to): scrapes, cuts or bruises; sprains, strains or possible broken bones; illness from known or unknown sources; theft or loss of possessions; and unforeseen injuries from activities, equipment or actions of your daughter, other participants or other people, including negligent actions.
Your daughter/ward's Guiders will be following Girl Guides of Canada's Safe Guide which outlines safety management practices. You are welcome and encouraged to review this document. A copy of Safe Guide is available from www.GirlGuides.ca.
Participants are expected to conduct themselves in a safe manner and to abide by the Girl Guides of Canada's Safe Guide procedures and Code of Conduct.

Permission (Parents/guardians sign and return)

Name of girl: _____ has my permission to participate in Co-Op Camp 2020
Name of activity/event/camp

on Sept 25 6 p.m. to Sept 27 at 12 noon with the supervision arrangements outlined on the Activity Plan (SG.1).
List dates and times

Contacts during activity: During the duration of the activity, I may be reached at:

Address Phone Alternate Phone

In the event of an emergency, if I cannot be reached, the following person is hereby authorized to act on my behalf:

Name: _____ Relationship to participant: _____

Address Phone Alternate Phone

I have read and understood the information provided with this form as well as the details on the attached Activity Plan (SG.1). I understand that there is a degree of risk involved in these activities. After carefully considering all the risks involved, and having full confidence that reasonable precautions will be taken for the safety and well-being of my child/ward, I authorize my child/ward to participate in the activity as described above and on the Activity Plan (SG.1).

I agree to provide up-to-date health information that may not be on the Personal Health Form (H.1) completed at registration. If my daughter/ward requires medical treatment, I understand that Girl Guides of Canada will take initial steps to secure medical advice and services and that I will be contacted as soon as possible, or if unavailable, the emergency contact person noted above.

If there is a need for someone other than those listed on the Personal Health Form (H.1) to pick up your daughter/ward, please inform the Unit Guider in writing. In an emergency situation, the Unit Guider may accept verbal authorization from you.

Custodial parent or guardian Date: _____
Relationship to girl: _____
Print name Signature

Parents/ guardians – please return this sheet to: _____ By _____ (date)

We protect and respect your privacy. Your personal information is used only for the purposes stated on or indicated by the form. For complete details, see our Privacy Statement at www.girlguides.ca or contact your provincial office or the national office for a copy.