

McGuire Nuclear Station's EnergyExplorium

Activity Permission Form

Participant's Name			Council
Address			
City	State	ZIP	Phone
Age	Grade or Adult		Date of Birth
Registered Girl Scout <input type="checkbox"/>	Troop Group Number	Service Unit	
Parent/Guardian		Phone Number	
Person to Notify in Case of Emergency		Contact Number	

Health Card

(To be completed by parent or guardian)

Any chronic or recurring illness: Yes No If yes, please explain _____

List any physical limitations, medical conditions or special needs. Please be specific: _____

ALLERGIES

- Hay Fever
- Asthma
- Ivy, Oak, etc.
- Food _____
- Drugs (List) _____
- Insect Sting Reaction

I give my permission for (Name) _____ to attend Career Explorations 2009 and participate in all phases of the activities. I understand my daughter will not be allowed to leave the event except with event staff in an emergency situation. I give permission for _____ to pick up my daughter on Saturday, November 14, 2009 at 5:00 pm. I understand my daughter will not be released to anyone else without my permission. I give permission for Duke Energy to use any photographs for both internal and external publications. I give my permission for my daughter to receive medical attention if necessary. I agree not to hold Duke Energy, GSUSA, and Girl Scout Carolinas P2P representatives responsible in case of illness or accident.

Parent/Guardian Signature _____ Date _____

Troop Leader Signature _____ Date _____