



Daisy 5 Flowers, 4 Stories and 3 Cheers for Animals! Journey Workshop March 14, 2020 9:00 AM –12:00 PM



GSCNC Camp TBD—Potomac or Brighton Woods

Daisies learn just how much they can care for animals and for themselves—and just how good that makes them feel.

5 Flowers, 4 Stories, 3 Cheers for Animals! will also introduce Daisies to the stories of the flower friends: Daisy, Sunny, Tula, Gloria, Gerri, Rosie, Vi, Clover, Mari, Lupe and Zinni. Each flower friend corresponds to a value in the Girl Scout Law.

Workshop minimum is 24. **Cost for the workshop is \$34.00 and includes badge, snack and materials for workshop. Please plan to arrive 15 minutes before start time for check-in. We will start promptly. Girls should bring their own refillable water bottles.** Girl Scouts in Kindergarten and 1st grades are welcome to attend. Girls are welcome to attend without their troop but must have a permission/health history form. Friends in K-1st grade may also attend.

Registration closes on 2/16/2020, no refunds after this date. You can [sign-up here](#) and pay online, sign-up on waitlist and pay via PayPal Invoice online with debit/credit card, or send a check payable to GSCNC for total due with this form along with check to Badge Name, c/o Kim Kingsford, 808 Blakely Court, Apt. 252, Frederick, MD 21702. If you have any questions please email troop81378@gmail.com or kskingsford@gmail.com.



Girls not present or participating will not receive Journey Award or materials

Leader/Parent Name: _____ E-mail: _____
Troop Number: _____ School: _____
If no troop Girl Name: _____ Mobile #: _____
Address: _____ City: _____ State: _____ Zip: _____
_____ Girls X \$34.00 = _____ # Chaperon _____ Check if signed up online

Date Received: _____ Amount Received: _____ Check # _____ Acct: _____

Financial Assistance is available for girls, for more information please access the online sign-up link and a financial assistance form is available for download there, please apply for Financial Assistance before **February 1, 2020**.



Permission Slip with Health History

Program Name: Daisy 5 Flowers, 4 Stories & 3 Cheers for Animals! Workshop Date: March 14, 2020

Girl's Name _____ Age _____ Grade _____ Birth date ____/____/____

Address _____ Phone _____

City _____ State _____ Zip _____ Email _____

Mother/Guardian _____ Day phone _____

E-mail _____ Evening phone _____ Cell _____

Father/Guardian _____ Day phone _____

E-mail _____ Evening phone _____ Cell _____

School Attending _____ State _____ Grade _____ Troop # _____ Level _____

The registrant's racial background is: *(optional)*

- American Indian or Alaskan Native
- Asian
- Black or African American
- White
- Other _____
- Hawaiian or Pacific Islander
- (please check one)* Hispanic or Latina
- Not Hispanic or Latina

Must have information for emergency contact if parent(s) cannot be reached (please print clearly):

Name/ Relationship: _____ Phone: - _____

Name/ Relationship: _____ Phone: _____

HEALTH HISTORY – All Information provided will be kept confidential

Describe allergies, details of chronic conditions, or health restrictions on additional sheet if needed

Are all immunizations up to date? ___Yes ___No If no, please state reason: _____

Please provide comments where applicable: Medication being taken _____

Special dietary needs/restrictions: _____ Weight of camper for dosage purposes: _____

Specific information including physical, psychiatric or behavioral problems: _____

Insurance company: _____ Policy Number: _____ Group # _____

Family physician: _____ Phone: Day _____ Eve _____

Parent Permission Statement

- The health history is correct as far as I know, and the person herein described has my permission to engage in all events activities except as noted. If she appears ill, I will not send her.
- EMERGENCY AUTHORIZATION:** In the event I cannot be reached in an emergency, I hereby grant permission to the program director to secure proper treatment for my child.
- The Girl Scouts may use any photo in which my child appears to promote Girl Scouting.

My child may be given : Aspirin Benadryl Ibuprofen Neosporin Tylenol None

Parent/Guardian Signature required:

Signature _____ Date _____

To Register: Send Registration form along with this Permission/Health History form to "Event Name", c/o Kim Kingsford, 808 Blakely Court, Apt. 252, Frederick MD 21702 Registration fee should be paid online or via check and sent with Registration. Online sign- ups are not considered "registered" until payment is received. For questions please contact: troop81378@gmail.com or kskingsford@gmail.com.

Girl Name: _____