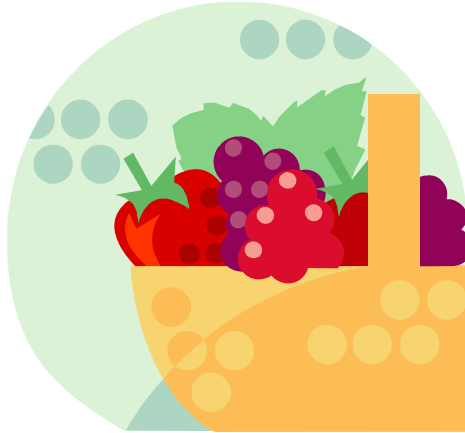


Brownies, Juniors, and Their Parents are invited to a
Nutrition Fair



**Collegiate Presbyterian Church Social Hall
159 Sheldon Avenue in Ames
Tuesday, April 6, 2010
7:00 - 8:30 pm**

The Iowa State University Student Dietetics Association will be sharing the latest nutrition news for children and parents at this event through a variety of hands-on activities and games.

Contact Jeannette Olson by Thursday, April 1st, to let her know if you will attend (okfamjro@yahoo.com or 232-8583).

Hosted by the Ames/Gilbert Service Unit

PARENT/GUARDIAN PERMISSION FORM
Girl Scouts of Greater Iowa



The ISU Student Dietetics Association and the Ames/Gilbert Service Unit is planning a Nutrition Fair for Brownies, Juniors, and their parents on April 6 from 7 to 8:30 pm.

Leader(s) in charge will be Jeannette Olson.

The fair will be held in the Social Hall of Collegiate Presbyterian Church at 159 Sheldon Avenue in Ames.

The cost per girl will be \$ 0 ,

In case of emergency, the Leader will call parents number on the permission slip.

TEAR OFF AND RETURN THE BOTTOM PORTION TO TROOP LEADER

My daughter _____ has my permission to participate in the Nutrition Fair on April 6, 2010 I understand there will be no charge for this event.

I will make sure that she does not attend if she is ill and I will inform the Girl Scout Leader in advance; I understand a refund might not be available. I understand that if my child is in need of medication during this event, the medicine must be in its original container and must be given to the Girl Scout Leader or First Aid adult in charge and can not under any circumstances remain in my child's possession.

During the activity, I may be reached at:

Address: _____ Phone Number: (_____) _____

If I cannot be reached in the event of an emergency, the following person is authorized to act in my behalf:

Name: _____ Address: _____

Phone Number:(_____) _____ Relationship to Participant: _____

PARENT'S CONSENT FOR EMERGENCY MEDICAL TREATMENT

Girl Scouts of Greater Iowa or the adult in charge, _____, is hereby authorized to secure a physician's service if, in her judgment, any illness or accident should so indicate.

Signature of Parent or Guardian

Date

Physician's Name: _____ Phone Number: (_____) _____

Insurance Company: _____ Policy #: _____

THIS PERMISSION FORM MUST BE IN POSSESSION OF LEADERS OR DRIVERS AT ALL TIMES.