



Troop Meeting Permission Slip

Please return this form to the leader by: _____.

Troop #: _____ will be meeting at _____

on _____ (typical meeting days) from _____ to _____ (time).

Address: _____

Leaders accompanying girls: _____

Emergency Contact Person: _____

Emergency Contact Phone #: () _____

Leader's Signature: _____

----- (Cut here and keep the above for your records) -----

My daughter, _____, has my permission to attend AHG Troop meetings on _____ from _____ to _____.

To the best of my knowledge, she is in good physical condition with no serious illness or operation since her last health exam. YES ____ NO ____ If no, explain on back.

I have submitted a Girl Health History form which has my daughter's current health information.

I can usually be reached at the following phone #s:

Home #: (____) _____ Work #: (____) _____ Cell #: (____) _____

If I cannot be reached, please contact: _____

Phone #: _____ Relationship to girl: _____

In the event that I cannot be reached in an EMERGENCY, I hereby give my permission to the physician selected by the person in charge to secure emergency treatment for my child as named above.

My daughter may be released to the following individuals: _____

Parent/Guardian Signature _____ Date: _____