AMERICAN HERITAGE GIRLS®
FAITH | SERVICE | FUN

# Troop Meeting Permission Slip

This form is valid for the entire Program Year.
If any information changes, parent/guardian(s) can make updates at any time.

| | | |
|---|---|---|
| Please return this form to the Troop by: | | |
| Girl Name | | |
| Troop number | | |
| Meeting location address | | |
| Typical meeting day | | |
| Typical meeting time | | |
| Emergency Contacts | Name | |
| | Relationship | |
| | Phone number | |
| | Name | |
| | Relationship | |
| | Phone number | |
| Girl Member can be released to the following people: | | |
| I have submitted a Health and Medical Form which has my daughter's current health information. | Yes ☐<br>No ☐ | |
| As the parent/guardian I authorize my daughter to participate in Troop Meetings for the duration of the Program Year. I understand Troop Meetings may be held virtually when necessary. | | |
| Parent/guardian signature | | |
| Date | | |