



## Troop Meeting Permission Slip

Please return this form to the leader by: IMMEDIATELY.

Troop #: AZ1320 will be meeting at First Southern Baptist Church at Sahuaro Ranch

on 1st, 2nd, & 3rd Mondays (typical meeting days) from 6:30PM to 8:00PM (time).

Address: 10250 North 59th Avenue, Glendale, Arizona 85302

Leaders accompanying girls: \_\_\_\_\_

Emergency Contact Person: Amanda Martin - Troop Coordinator

Emergency Contact Phone #: (        ) 480-353-8357

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: \_\_\_\_\_