



## **Troop Meeting Permission Slip**

Please return this form to the Troop Coordinator by the 1<sup>st</sup> AHG meeting.

Troop #: PA 1258 will be meeting at Calvin Presbyterian Church on the 1st & 3rd Mondays of the month (typical meeting days) from 6:30pm to 8:00pm. Address: 260 Maus Drive, N. Huntingdon, PA 15642

Leaders/Adults accompanying girls: Reference the Troop Track Online System ~ trooptrack.com ~ for assigned unit leaders

Emergency Contact Person: Tiffany Althof, Troop Coordinator

Emergency Contact Phone #: 412-606-3676

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

My daughter, \_\_\_\_\_, has my permission to participate in the AHG Troop Meetings on the 1<sup>st</sup> and 3rd Mondays of the month from 6:30pm to 8:00pm.

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 \_\_\_\_\_

