

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:	September 13, 2019	
Girl Name		
Troop number	AHG KY2521	
Meeting location address	HLS 10901 Shelbyville Rd, Louisville, KY 40243 (SM), 2800 Frankfort Ave, Louisville, KY 40206 (CH)	
Typical meeting day	2nd Friday each month (SM); 4th Friday each month (CH)	
Typical meeting time	2:45 pm - 4:30 pm	
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.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
As the parent/guardian I authorize my daughter to participate in Troop Meetings for the duration of the Program Year.		
Parent/guardian signature		
Date		