



**American Heritage Girls, Inc.**  
175 Tri-County Parkway, Suite 100  
Cincinnati, OH 45246  
513-771-2025 (fax) 513-771-2595

### **Parent/Guardian Permission Slip**

Please return this form to the leader by: \_\_\_\_\_.

Troop #: \_\_\_\_\_ is going to \_\_\_\_\_ on \_\_\_\_\_ (date).

Activities will include: \_\_\_\_\_

Place: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Leaving from: \_\_\_\_\_ at (time): \_\_\_\_\_

Returning to: \_\_\_\_\_ at (time): \_\_\_\_\_

Leaders/Adults accompanying girls: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Emergency Contact Phone #: \_\_\_\_\_

Leader's Signature: \_\_\_\_\_

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

(Please use BLUE INK when completing this form!)

My daughter, \_\_\_\_\_, has my permission to participate in (activity) \_\_\_\_\_ on (date) \_\_\_\_\_.

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.

Is she currently taking any medications? YES \_\_\_\_\_ NO \_\_\_\_\_ Specify: \_\_\_\_\_

During this activity, I can be reached at: \_\_\_\_\_

Phone #: \_\_\_\_\_ Address: \_\_\_\_\_

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.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_