



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 (Adult attending trip): _____

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 _____