



Troop Meeting Permission Slip

This form needs to be completed prior to your child's first meeting.

Troop # MN0226 will be meeting at Autumn Ridge Church for troop meetings and special events.

Autumn Ridge Church is located at **3611 Salem Road SW, Rochester, MN 55901.**

Leader in attendance include: Kenna Baber, Coordinator

Emergency Contact Phone Number: Kenna Baber (507) 271-9430

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

My daughter, _____, has permission to attend **AHG # MN0226** troop meetings and special events. 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, please explain:

I have submitted a Girl Health History Form which has my daughter's current health information.

I can be reached at the following:

Home Phone: () _____ Cell Phone: () _____ Email address: _____

If I cannot be reached, please contact: _____

Phone Number: () _____ Relationship to the 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.

I have verified that my child's information has been updated in the charter organization's check in/check out system to indicate those who are permitted to pick up my child from troop meetings. YES NO

Parent/Guardian Signature: _____ Date: _____