

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:		
Girl Name		
Troop number		
Meeting location address		
Typical meeting day		
Typical meeting time		
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.	Yes	
	No	
As the parent/guardian I authorize my daughter to participate in Troop Meetings for the duration of the Program Year. I understand Troop Meetings may be held virtually when necessary.		
Parent/guardian signature		
Date		