** American Heritage Girls, Inc.**

175 Tri-County Parkway, Suite 100

Cincinnati, OH 45246

513-771-2025 (fax) 513-771-2595

## Parent/Guardian Visitor Meeting Permission Slip

Troop FL0031 meets at Freedom Christian Center.

Activities will include: Unit meetings, Service projects, and Socials.

Address: 7250 Lake Andrew Drive, Melbourne, FL 32940

Emergency Contact Person: Shelley White Contact Phone #: 321-543-3792

Church Office 622-6999 Please also contact Unit or Activity Leader as needed.

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

My daughter, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name), is visiting Troop FL0031 has my permission to participate on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date) in the activities of Troop FL0031 including Meetings, Service Projects, and Socials at Freedom Christian Center.

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 Name (please print)

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

Parent Email