



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: ASAP

Troop #: TX3444 is going to Eagles Wings Retreat Center on 6/4/2010 - 6/6/2010 (date).

Activities will include:camping, hiking, crafts etc...

Place: Eagles Wings Retreat Center Phone #: 512-715-0017

Address:2805 RR 2341 Burnet TX 78611

Leaving from:KC Hall at (time):TBA_

Returning to:KC Hall at (time): TBA

Leaders/Adults accompanying girls: Unit Leaders & Co-Leaders, Troop Coordinator, Troop Vice-Coordinator

Emergency Contact Person: Anne Bremer

Emergency Contact Phone #: 254-493-4332

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) Summer Camp on (date) 6/4/2010 - 6/6/2010 .

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 _____

