



## Pro-Life Kids! Patch Program Permission Slip

This form is used for Troops completing the Pro-Life Kids! Patch Program to make parents aware of the subject matter that will be covered.

Please return this form to the Troop by:		
Is this activity being held virtually?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Girl Name		
Troop Number		
Trip, Activity, or Event Information	Location/Facility Name	
	Location/Facility address	
	Date(s)	
	Time(s)	
	Leaving From	
	Returning To	
	Activities Include	<a href="#">Pro-Life Kids! Patch Program</a>
Emergency Contacts	Name	
	Relationship	
	Phone Number	
	Name	
	Relationship	
	Phone Number	
My daughter can be released to the following people:		
I have submitted a Health and Medical Form with my daughter's current health information.		Yes <input type="checkbox"/> No (Please submit along with this form.)
<p>As the parent/guardian, I authorize my daughter to participate in the above AHG Troop trip, activity, or event, and I understand this event may be held virtually. I approve of my daughter completing the <a href="#">Pro-Life Kids! Patch Program</a> at this meeting/event. I have reviewed the <a href="#">Pro-Life Kids! Patch Program</a> patch requirements and videos, and I am prepared for questions from and discussion with my daughter afterward, including such topics as abortion, adoption, and the value of all human life.</p>		
Parent/Guardian Signature		
Date		