



Girl Scouts-Sybaquay Council  
 12N124 Coombs Road  
 Elgin, IL 60124-8000  
 847-741-5521  
 (Fax) 847-741-5667

### GIRL INFORMATION FORM

Girl Scouts makes every effort to provide a safe and secure environment during troop/group meetings. We encourage you, as the parent/guardian, to share information with the leader/advisor that may affect your child's health or safety while in our care.

A typical meeting may involve songs, active games, refreshments, arts and crafts and lively discussions. Trips away from the meeting place and time, and those involving transportation, will require a specific permission form for that activity. Extended trips or camping activities might require additional health history and contact information.

It is important that the leader/advisor is informed of medications required during meetings by your child, any allergies (including dietary restrictions) that your child may have and contact information for *any* individuals other than yourself who will be providing transportation to and from meetings. Please discuss this information with the leader/advisor, or you may choose to provide the information in the space below.

Child's Name \_\_\_\_\_  
 Parent/Guardian's Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

#### Medications Taken

Name of Drug	Dosage Given

#### Allergies

Allergy	How to Respond to a Reaction

Name of Child's Physician \_\_\_\_\_  
 Physician's Phone (     ) \_\_\_\_\_

Dietary Restrictions \_\_\_\_\_

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Physical Needs or Special Assistance Required \_\_\_\_\_

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Are there any comments or information about your daughter that we should know? \_\_\_\_\_

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If you have made arrangements to have a person other than yourself provide transportation to and from meetings, please provide the following information.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Please provide the name and phone number of an emergency contact, in the event that you cannot be reached during a regular troop/group meeting.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_