
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 and you may choose to provide the information in the space below.

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Child's Name _____
Parent/Guardian's Name _____
Street Address _____
City _____ State _____ Zip _____
Home Phone _____ Other Phone _____
E-mail _____

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

Name _____ Phone _____

In the event that you cannot be reached during a regular troop/group meeting, please provide the name and phone number or an emergency contact person.

Name _____ Phone _____

Parent/Guardian's Signature _____ Date _____

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Girl Health Information Procedure

The Health Insurance Portability and Accountability Act of 1996 limits access to medical records. Girl Scouts of Northern Illinois does not require parents to fill out a Health History. ***If you wish to share health information for the safety of your child, please complete the remainder of this form.***

Name of Child's Physician _____

Physician's Phone (_____) _____

Dietary Restrictions _____

Physical Needs or Special Assistance Required _____

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

Medications Taken

Name of Drug	Dosage Given

Allergies

Allergy	How to Respond to a Reaction

Elgin Service Center
12N124 Coombs Road
Elgin, IL 60124
847-741-5521

Freeport Service Center
5040 Business Rt. 20 W.
Freeport, IL 61032
815-235-8777

Rockford Service Center
2101 Auburn Street
Rockford, IL 61103
815-962-5591

Sugar Grove Service Center
200 New Bond
Sugar Grove, IL 60554
630-897-1565