

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

**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 and 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 \_\_\_\_\_

E-mail \_\_\_\_\_

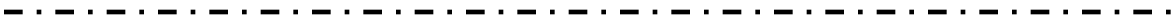
If you have made arrangements to have a person other than yourself provide transportation to and from meetings, please provide the following information. Provide details \_\_\_\_\_

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 \_\_\_\_\_



**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