

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 _____

Email Address _____

If you have made arrangements to have someone besides yourself provide transportation to and from the meetings, please provide the following information:

Name of Other Driver _____ Phone _____

Arrangement Details:

My daughter has permission to take or use the following: (Circle all that apply)

<input type="checkbox"/> Tylenol/Acetaminophen	<input type="checkbox"/> Advil/Ibuprofen	<input type="checkbox"/> Sudafed/Decongestant
<input type="checkbox"/> Benadryl/Antihistamine	<input type="checkbox"/> Tums/Antacid	<input type="checkbox"/> Robitussin/Expectorant
<input type="checkbox"/> Calamine Lotion/Itch Relief	<input type="checkbox"/> Cough Drops	<input type="checkbox"/> Midol/Menstrual Cramp Relief

In the event that you cannot be reached during a regular troop meeting, please provide the name and phone number of 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 Number _____

Dietary Restrictions _____

Physical Needs or Special Assistance Required _____

Any other information about your child that we should know _____

Medications Taken

Name of Medication	Dosage Given

Allergies

Allergy	How to Respond to a Reaction

Parent/Guardian's Signature _____