



GIRL SCOUT INFORMATION FORM

Girl Scouts makes every effort to provide a safe and secure environment during troop/group meetings. We encourage caregivers to share information with the leaders that may affect your child's health or safety while in their 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. Extended trips or camping activities might require additional health history and contact information.

It is important for the troop leaders and volunteers to be informed of medications your child needs during meetings and/or field trips, any allergies (including dietary restrictions), 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 and 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 child has permission to take or use the following: (Check all that apply)

_____ Tylenol/Acetaminophen	_____ Advil/Ibuprofen	_____ Sudafed/Decongestant
_____ Benadryl/Antihistamine	_____ Tums/Antacid	_____ Robitussin/Expectorant
_____ Calamine Lotion/Itch Relief	_____ Cough Drops	_____ Midol/Menstrual Cramp Relief

In the event you cannot be reached during a regular troop meeting, please provide the name and phone number of an emergency contact person:

Name _____ Phone _____

Caregiver's Signature _____ Date _____

Girl Scout 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 caregivers 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 we should know

Medications your child is currently taking:

Name of Medication	Dosage Given

Allergies

Allergy	How to Respond to a Reaction

Caregiver's Signature_____