

## SUPPLEMENTAL HEALTH INFORMATION FORM

Girl Scouts of Eastern Iowa and Western Illinois and its volunteers make every effort to provide a safe and secure environment during group meetings. A typical Girl Scout meeting and/or program event may involve songs, active games, refreshments, skits, arts and crafts, and lively discussions. Trips away from the meeting place will require a specific permission form for that activity, and any extended trips or other physically demanding activities may require additional health history and contact information.

We encourage you, as the parent/guardian, to share information with the leader that may affect your child's health or safety while in our care. Completion of this form is optional. All information listed above is confidential and should only be shared with persons who have a need to know in order to protect the health and safety of all participants. Completed forms are to be destroyed at the end of every membership year, September 30.

**EMERGENCY/TRANSPORTATION CONTACT INFORMATION**—Include parent/guardian completing form.

Girl's Name \_\_\_\_\_

Today's Date \_\_\_\_\_

NAME	RELATIONSHIP TO GIRL	PHONE	THIS PERSON IS AN EMERGENCY CONTACT.	MY DAUGHTER MAY BE RELEASED TO THIS PERSON.
		DAYTIME: ( ) - EVENING: ( ) - CELL: ( ) -	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		DAYTIME: ( ) - EVENING: ( ) - CELL: ( ) -	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		DAYTIME: ( ) - EVENING: ( ) - CELL: ( ) -	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Relationship Key: M = Mother F = Father SM = Stepmother SF = Stepfather GP = Grandparent O = Other (list in box)

**SPECIAL NEEDS AND HEALTH INFORMATION**—Include any information or special needs that will help the adults in charge to better care for your child.

Allergies (animals, food, insects, medication, etc.) and How to Respond to a Reaction \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Dietary Needs \_\_\_\_\_  
 \_\_\_\_\_

Medications \_\_\_\_\_  
 \_\_\_\_\_

Physical Limitations \_\_\_\_\_  
 \_\_\_\_\_

Other Concerns \_\_\_\_\_  
 \_\_\_\_\_

