

GIRL SCOUTS OF SHAGBARK COUNCIL
GIRL INFORMATION

This form is to be kept with the Girl Scout Leader at all times

Troop # _____

Girl's Full Name _____ **Date of Birth** _____

Home Mailing Address _____

City _____ State _____ Zip _____ Phone # _____

Grade _____ School Name _____

Mother/Guardian Name _____

Address (if different from girl) _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____

Father/Guardian Name _____

Address (if different from girl) _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____

She is under the custodial care of: (check one)

Both parents Mother/Guardian Only Father/Guardian Only Other (specify) _____

In case of emergency - If Parent/Guardian cannot be reached – person to be notified:

Name _____ Relationship _____

Home Address _____ Phone No _____

Does your daughter/ward have any allergies, any reactions to food or medication or any special needs? If so, please describe _____

Signature of Parent/Guardian _____ **Date** _____

