



**ADULT EMERGENCY SLIP**  
Girl Scouts of San Jacinto Council



Troop/Group # \_\_\_\_\_

Name \_\_\_\_\_ Home Phone Number (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Activity \_\_\_\_\_ Date \_\_\_\_\_

Listed below are allergies or health conditions that should be known in case of an illness or accident:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who should be contacted in case of emergency?

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Attach additional information, if desired.

GSSJC F-22

Rev. 05/05



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