

**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. 06/13



**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. 06/13

