

**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:

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Who should be contacted in case of emergency?

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

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

Attach additional information, if desired.

GSSJC F-22



Rev. 06/13



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**FORMA DE EMERGENCIA PARA ADULTOS  
Girl Scouts of San Jacinto Council**

Tropa/Grupo # \_\_\_\_\_

Nombre \_\_\_\_\_ Teléfono de casa ( \_\_\_\_\_ ) \_\_\_\_\_

Dirección \_\_\_\_\_ Ciudad \_\_\_\_\_ Zona Postal \_\_\_\_\_

Actividad \_\_\_\_\_ Fecha \_\_\_\_\_

Favor de notar alergias o problemas de salud de las cuales debemos saber en caso de enfermedad o accidente:

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¿Con quien nos debemos comunicar en caso de emergencia?

Nombre \_\_\_\_\_ Teléfono ( \_\_\_\_\_ ) \_\_\_\_\_

Nombre \_\_\_\_\_ Teléfono ( \_\_\_\_\_ ) \_\_\_\_\_



**FORMA DE EMERGENCIA PARA ADULTOS  
Girl Scouts of San Jacinto Council**

Tropa/Grupo # \_\_\_\_\_

Nombre \_\_\_\_\_ Teléfono de casa ( \_\_\_\_\_ ) \_\_\_\_\_

Dirección \_\_\_\_\_ Ciudad \_\_\_\_\_ Zona Postal \_\_\_\_\_

Actividad \_\_\_\_\_ Fecha \_\_\_\_\_

Favor de notar alergias o problemas de salud de las cuales debemos saber en caso de enfermedad o accidente:

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¿Con quien nos debemos de comunicar en caso de emergencia?

Nombre \_\_\_\_\_ Teléfono ( \_\_\_\_\_ ) \_\_\_\_\_

Nombre \_\_\_\_\_ Teléfono ( \_\_\_\_\_ ) \_\_\_\_\_

