

GIRL SCOUTS OF GREEN HILLS COUNCIL, INC.

5040 Bus. Rt. 20 W, Freeport, IL 61032-8741

815-235-8777 or 1-800-925-3327

TROOP/GROUP EMERGENCY INFORMATION WORK SHEET

To be attached to Form PRO 424 or sent to the Service Center before trip

(also copies for: troop emergency contact person and troop's First Aid Kit for the trip)

Troop # s _____ Level _____ Leader _____ Town _____

Event Name/Activity _____ Date of Trip _____

Number of GIRLS _____ Number of ADULTS _____

ADULTS IN CHARGE

Name _____

Address _____

City, State & Zip _____

Phone (H) _____ (W) _____

Name _____

Address _____

City, State & Zip _____

Phone (H) _____ (W) _____

EMERGENCY CONTACTS

At home emergency contact person: _____

Phone (H) _____ (W) _____

At home emergency contact person (opt) : _____

Phone (H) _____ (W) _____

Destination Site _____

Means of Transportation _____

Approximate location of destination site i.e. town, route #, etc. _____

Troop will depart from _____ on (day/time) _____

Troop will arrive at destination (day/time) _____

Troop will leave site to return to _____ (day/time) _____

Troop plans to arrive home on (day/time) _____