Girl Scouts Heart of the Hudson, Inc.

Name: _____ Troop # _____
Address: _____
Street Town/City Zip

Leader Name: _____ Cell Phone: _____
Parent/Guardian Names: _____
Home Phone: _____ Cell Phone: _____
ALLERGIES: (Please check all that apply)
Medicine _____ Food _____ Environmental _____

Medical Conditions to be aware of _____
Describe additional medical conditions and allergies on back of card.

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