



# Annual Permission Form/Child Release Permit/ Self Driving Certification/Needs Assessment Form

## Permission Form

Please complete this form and return to your daughter's troop leader. Permission, Child Release and Needs Assessment forms are needed before your daughter can participate in Girl Scout troop/group activities including LINK programs. **Please print legibly.**

Girl's Name \_\_\_\_\_ Troop # \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Cell ( ) \_\_\_\_\_

*(Someone other than the parent/guardian who we can call in an emergency)*

This permission is required for all troop activities away from the meeting place. My daughter has my permission to participate in any troop/group trip, event or activity during the 20\_\_ - 20\_\_ membership year. I understand that I will receive information giving specific departure and arrival times, planned activities, contact persons, and any other pertinent information prior to any trip or event.

I agree that **pictures or videos** of my daughter may be used to promote the Girl Scout program. Yes  No

GSUSA provides activity accident insurance as secondary coverage to the family's own insurance coverage.

Custodial Care - select one:  Both Parents  Mother Only  Father Only  Other \_\_\_\_\_

## Child Release Permit

My child may be released to the following adults:

Name & Phone # \_\_\_\_\_ Relationship: \_\_\_\_\_

Name & Phone # \_\_\_\_\_ Relationship: \_\_\_\_\_

Name & Phone # \_\_\_\_\_ Relationship: \_\_\_\_\_

My/our Girl Scout has permission to walk home from Girl Scout activities un-chaperoned by an adult. Yes  No

## Self-Driving Certification

If transportation is included as part of a Girl Scout activity, drivers transporting girls in their vehicles must:

- Be a registered, approved adult volunteer who has completed the background screening process.
- Have a current driver's license and good driving record
- Carry minimum auto liability insurance limits of \$100,000 each person / \$300,000 each accident
- Vehicles must be registered, inspected, and in sound condition
- Review the Checklist for Drivers in Volunteer Essentials, Chapter 4: Safety-Wise
- All drivers may be subject to a Division of Motor Vehicle License review

I choose not to be a driver for any Girl Scout Activity.

I have complied with the self-driving certification and give my consent to be a driver for a Girl Scout Activity:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

# Girl's Needs Assessment Form

The information on this form will be used to better meet the needs of your child and will be kept in strict confidence.

## Food Allergies:

Please Specify \_\_\_\_\_

Current Medication \_\_\_\_\_

In case of an allergic reaction, respond by: \_\_\_\_\_

## Food Restrictions/Special Dietary Needs:

Please Specify \_\_\_\_\_

Current Medication \_\_\_\_\_

In case of an allergic reaction, respond by: \_\_\_\_\_

## Environmental Allergies:

Please Specify \_\_\_\_\_

Current Medication \_\_\_\_\_

In case of an allergic reaction, respond by: \_\_\_\_\_

## Medical/Physical Needs:

Please Specify \_\_\_\_\_

Current Medication \_\_\_\_\_

## Learning Needs:

Please Specify \_\_\_\_\_

Current Medication \_\_\_\_\_

## Medical Authorizations:

### Emergency Medical Consent

- In the event that my child's injury or illness is deemed to be life threatening or in need of emergency treatment, I hereby authorize my child to be transported to a nearby licensed physician or hospital by the supervising adult and/or attending first aid personnel. I give my consent for emergency medical treatment as deemed necessary. I understand that this authority will be exercised only if reasonable attempts to contact me should fail.

### Prescription and Non-Prescription Medications

- I understand that prescription medications and/or non-prescription medications including vitamins, nutritional supplements, etc., will not be dispensed without written authorization and instructions from the child's doctor to dispense them. All non-prescription medications must be in their original packaging and labeled with the child's full name. All prescription medications must be in their original pharmacy containers, with the original intact current prescription label issued in the child's name affixed to the container. Expired medications will not be dispensed or administered. **No exceptions will be made.**
- I also give permission for my child to receive the following non-prescription medications that I have checked here:
- |  |                                    |                                      |  |
|--|------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Acetaminophen                                   | <input type="checkbox"/> (Tylenol) | <input type="checkbox"/> Cough Drops | <input type="checkbox"/> Topical anti-bacterial cream/lotion (Neosporin) |
| <input type="checkbox"/> Topical anti-itch (corticosteroid) cream/lotion | <input type="checkbox"/> Sunscreen |                                      |  |

**I have read and completed the Annual Permission, Child Release & Needs Assessment forms:**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parent/Guardian signature)

Print Name \_\_\_\_\_