girl scouts of northern new jersey

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

Annual Permission Form

Please complete this form and return it 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. 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)

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 daughter may be released to the following adults:

Name & Phone #_____Relationship:_____
Name & Phone #_____Relationship:_____
Name & Phone #_____Relationship:_____

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

Self-Driving Certification and Driving Guidelines for Cars, RV's and Campers

Checklist for Drivers: When transporting Girl Scouts, ensure the following precautions are followed by all drivers.

Volunteers Drivers

- ☐ Must be at least 21 years old with safe driving record.
- ☐ Must be registered and background-checked.
- ☐ Must have a current driver license, registration, inspection, auto insurance ($100,000 per person - $300,000 per accident). All volunteer drivers must provide proof of personal automobile liability insurance coverage.
- ☐ Maintain a safe following distance (at least 2 cars length).
- ☐ Avoid distractions: no texting, phone use, earbuds, or headphones.
- ☐ Turn headlights on when using windshield wipers.

Driver Readiness

- ☐ Familiarize yourself with any new or rented vehicle.
- ☐ Plan rest stops on long trips and use relief drivers for drives longer than 6 hours.
- ☐ Do not drive while tired or on medications that cause drowsiness.

Passenger Safety

- ☐ All should wear their own, fixed seat belt.
- ☐ Children under 12 must ride in the back seats. Follow state laws for car seats and boosters.
- ☐ Never transport passengers in flatbeds, panel trucks, pick up beds, or camper-trailers.

Caravanning

- ☐ No caravanning (following in a line). Each driver must have route details, the destination, and other drivers' contact information.

Vehicle Preparation

- ☐ Carry directions, road map, first aid kit, passengers health forms, a flashlight.
- ☐ Make sure vehicle is in sound condition. Inspect lights, signals, tires, windshield wipers, horn and fluids level.
- ☐ Load gear safely, avoiding overloading or placing heavy items on top/back.

Breakdowns or Accidents

- ☐ Know how to handle breakdowns. For Example: Carry reflectors, tools, and a spare tire (if applicable).

Car Capacity

- ☐ Maximum capacity of private passenger vehicle must be less than 12-passengers, except in limited cases. Please contact customercare@gsnnj.org for additional information on vehicles with capacity for 12 passengers or more.

☐ I choose NOT to be a driver for any Girl Scout activity.

☐ I choose to be a driver for Girl Scouts activities and I have complied with the self-driving certification giving my consent. All drivers might be subject to a Division of Motor Vehicle License review.

Signature_____ **Print Name**_____**Date**_____

Girl's Needs Assessment Form

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

I understand that if my child's injury or illness is deemed to **be life-threatening** or requires emergency medical care, 911 will be called immediately. I authorize emergency medical personnel to provide treatment and transport my child to an appropriate medical facility as necessary. Reasonable attempts will be made to contact me as soon as possible.

Prescription and Non-Prescription Medications

- ☐ I understand that any prescription medications will not be allowed 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 understand that any non-prescription medication including vitamins, nutritional supplements, etc., will not be dispensed without written authorization from the child's parent/guardian.
- ☐ I also give permission for my child to receive the following over- the- counter medications that I have checked here: ( )Antacid; ( ) Antihistamine (Benadryl); ( )Ibuprofen (Motrin/Advil); ( )Acetaminophen (Tylenol); Cough Drops; ( )Topical anti-bacterial cream/lotion (Neosporin); ( ) Topical anti-itch (corticosteroid); ( )Sunscreen

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

Signature _____ Date _____
(Parent/Guardian signature)

Print Name_____