



GSNNJ Hiking and Backpacking Group

Annual Permission Slip/Child Release Permit/Needs Assessment Form

Please complete this form and return to Laura Ammaturo via mail (GSNNJ, 95 Newark Pompton Turnpike, Riverdale, NJ 07457) or email to lammaturo@gsnnj.org. *This form may not be brought on the day of hike.*

Participant Contact Information

Name	<input type="checkbox"/> Girl	<input type="checkbox"/> Adult
Street Address	Town	
State	Zip	
Email Address		
Cell Phone	Home Phone	
EMERGENCY CONTACT INFORMATION		
Name	Relationship	
Primary Phone	Secondary Phone	
FOR GIRLS ONLY		
Grade	Troop Number	
Parent/Guardian Name	Parent/Guardian Cell	

Needs Assessment

Food or Environmental Allergies
Please specify:
In case of allergic reaction, please respond by
Food Restrictions/Special Dietary Needs
Please specify:
Medical/Physical Needs
Please specify:

Learning Needs

Please specify:

Current medications

Please specify:

My daughter may be released to the following adults in my absence:

Name: _____ Phone Number: _____ Relationship: _____

Name: _____ Phone Number: _____ Relationship: _____

Authorizations for Adult Members

- ☐ I agree that pictures or videos of myself may be used to promote the Girl Scout program.
- ☐ I do not authorize that pictures or videos of myself may be used to promote the Girl Scout program.
- ☐ I understand that GSUSA provides activity accident insurance as a secondary insurance to the family's own insurance coverage.

Authorizations for Girl Members (Children under 18 only)

- ☐ My daughter has my permission to participate in any events led by the Hiking and Backpacking Group during the 2024-2025 membership year. I understand that I will receive information giving specific departure and arrival times, planned activities, contact people, and any other pertinent information one week prior to any trip or event.
- ☐ I agree that pictures or videos of my daughter may be used to promote the Girl Scout program.
- ☐ I do not authorize that pictures or videos of my daughter may be used to promote the Girl Scout program.
- ☐ In the event, 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.
- ☐ I understand that GSUSA provides activity accident insurance as secondary insurance to the family's own insurance coverage.
- ☐ 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.
- ☐ I also give permission for my child to receive the non-prescription 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) cream/lotion ☐ Sunscreen

Signature _____ Date _____

(Parent/Guardian signature may **NOT** be typed)