



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)

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

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
- 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

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

- If 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 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 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); () Sunscreen

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

Signature _____ Date _____
(Parent/Guardian signature)

Print Name _____