



GSNNJ Hiking and Backpacking Group Health History and Permission Slip

Please complete this form and return to Elena Morgan using the SUBMIT feature or via email at emorgan@gsnnj.org. This form must be received at the council office before a hiker is permitted to attend any hike. All hikers, both adults and children, must complete this form in order to participate.

Contact Information

Name		<input type="checkbox"/> Girl	<input type="checkbox"/> Adult
Street Address		Town	
State		Zip	
Email Address			
Home Phone		Cell 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 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

Program Schedule

Listed below are the hiking and backpacking dates for the 2020-2021 season. Notice of specific time, drop off location, and required equipment/clothing will be 1-2 weeks in advance of each event. You must register for each individual hike on the GSNNJ website.

Date of Hike	Type of Hike	Location	Who can Attend
10/3/2020	Day Hike 8:15am – 1:15pm	Mahlon Dickerson Reservation Jefferson, NJ	Open to all participants
10/24/2020	Day Hike	Ramapo Mountain State Forest Wanaque, NJ	Open to all participants
11/21/2020	Day Hike	Pyramid Mountain/Tripod Rock Boonton, NJ	Open to all participants
1/9/2021	Day Hike	Kincaid Woods Boonton Twp. NJ	Open to all participants
2/6/2021	Day Hike	Kittatinny Valley State Park Andover, NJ	Open to all participants
3/6/2021	Day Hike	Appalachian Trail - Rt 94 Vernon, NJ location tentative	Open to all participants
4/10/2021	Day Hike	Norvin Green State Forest Ringwood, NJ	Open to all participants
4/23- 4/25/2021	Weekend Camping with Saturday Day Hike	Stokes State Forest Branchville, NJ	Open to all participants
5/15 – 5/16/2021	Overnight Backpacking Trip	Appalachian Trail Location TBD	Grade 7 & up - Must qualify to attend
5/29- 5/31/2021	Overnight Backpacking Trip	Appalachian Trail Location TBD	Grade 7 & up - Must qualify to attend

Authorizations for Adult Hikers

- I agree that pictures or videos of myself may be used to promote the Girl Scout program.
- I understand that participation is at my own risk. GSNNJ follows CDC, NJ State Health Department, and WHO guidelines regarding the COVID-19 outbreak. Masks are highly recommended and must be worn when within 6-feet of other non-related participants.

Authorizations for Girls (Children)

- My daughter has my permission to participate in any events led by the Hiking and Backpacking Group during the 2020-2021 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 understand that participation is at my own risk. GSNNJ follows CDC, NJ State Health Department, and WHO guidelines regarding the COVID-19 outbreak. Masks are highly recommended and must be worn when within 6-feet of other non-related participants.
- I agree that pictures or videos of my daughter may be used to promote the Girl Scout program.
- 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.
- 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 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 _____