

## Permission for Overnights or Extended Trips

This form is used for overnights and extended travel within the state, regional, or national travel. Page must be completed & signed by custodial parent/guardian of girl, or by adult traveling with troop/group at least two weeks prior to the travel. Current health history form must be on file with adult in charge of trip.

Full Legal Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ DOB: \_\_\_\_\_

Event/Travel Details		
Event/Travel Type: _____	Date(s): _____	Cost/individual: \$ _____
Location(s): _____		Traveling by: _____

Permission for Overnights or Extended Travel	
By initialing the lines below, I am verifying that I have read and understand the following for either my daughter or me:	
_____	She/I is/am in good physical condition at present and has/have had no serious illness or operations since the last health examination. She/I will not attend if she/I is not feeling well.
_____	I give consent for emergency medical or dental care to be rendered by a licensed healthcare provider/dentist, if unable to reach family physician or dentist.
_____	When registering for this program year (either online or on paper), I <input type="checkbox"/> <b>granted permission</b> OR <input type="checkbox"/> <b>denied permission</b> for her/me to be interviewed, photographed, videotaped, or electronically imaged for purposes of promotional materials, news releases, or other published formats for either the local Girl Scout Council or Girl Scouts of the USA.
_____	I give permission for my daughter/me to ride in private vehicle, airplane, tour bus, and other modes of transportation as deemed necessary by the Adult in Charge.
_____	I understand that volunteers and GSCTX are not responsible for loss of valuables.
_____	I give consent for the First Aider to dispense medications that have been provided in its original container in the dosage as it is listed. I have also listed any over the counter medications and the dosage that the First Aider is approved to dispense on the Health History form.
_____	I understand that she/I must abide by the Code of Conduct and any dress code that has been established by the group. If she doesn't/I don't, she/I may be asked to leave, and I will be required to provide transportation home.
_____	I shall indemnify, hold free and harmless, assume liability for, and defend the Girl Scouts of Central Texas, its chartered affiliates, agents, servants, employees, officers and directors from any and all costs and expenses including but not limited to doctor's fees, emergency room fees, reasonable attorney's fees, investigative, and discovery costs, court costs, and all other sums which the Girl Scouts of Central Texas, its chartered affiliates, agents, servants, employees, officers and directors may become obligated to pay on account of any, all and every demand for, claim arising or assertion of liability, or any claim or action founded thereon, arising or alleged to have arisen out of the negligence, gross negligence or intentional misconduct relating to the event hosted by the Girl Scouts of Central Texas, its chartered affiliates, agents, servants, employees, officers, and directors.

Consent for Emergency Medical/Dental Treatment	
<input type="checkbox"/> I am the parent or guardian having legal custody of the child named above.	
<input type="checkbox"/> I am the individual named above.	
I authorize all medical, surgical, diagnostic, and hospital care or procedures, which may be performed or prescribed for my child or myself by a licensed physician/dentist or hospital, when efforts to contact the emergency contact person are unsuccessful and when, deemed immediately necessary or advisable by the physician to safeguard my child's health. I waive my right of informed consent to such treatment. <i>See attached health history form.</i>	

\_\_\_\_\_  
**Signature of Custodial Parent or Guardian, or Adult attending** \_\_\_\_\_  
**Today's Date**

Emergency Contact Information			
Custodial Parent/Guardian if Under 18: _____		Best Phone #: _____	
Address (if different than girl's address): _____			
Emergency Contact Name: _____		Best Phone #: _____	
Alternate person(s) to contact in emergency:			
Name	Best Phone #:	City	Relationship
_____	_____	_____	_____
_____	_____	_____	_____