

## Permission to Travel and Medical Authorization for Minors

**Instructions:** Use this form for in-state travel for parents to give permission for their minor child to travel without them. If your group is traveling internationally, by airplane or crossing state lines, it is highly recommended that you use the "Notarized Permission to Travel for Minors" form.

I/we give permission for my/our daughter \_\_\_\_\_ to travel to \_\_\_\_\_ with the Girl Scouts and participate in ALL activities unless written exceptions are given.

The following responsible adults will be accompanying my/our daughter:

- |          |          |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

I/we understand that in the event of an emergency, Trip Advisors will make every effort to contact me to grant permission for medical treatment. If no one can be reached, I/we give permission to the Girl Scout Trip Advisors to seek the services of a licensed medical doctor or emergency room physician in the event of an emergency or illness requiring medical attention for my/our daughter. I/we agree to allow medical and/or surgical treatment which the judgment of a physician may be deemed necessary for my/our daughter's health and welfare. I/we will take full responsibility for all charges that occur. Girl Scout insurance is secondary to your primary insurance.

I/we give permission to the Girl Scout Trip Advisors listed below to act on my/our behalf authorizing unexpected medical, dental, surgical care and hospitalization for the above named minor during the event/date of travel \_\_\_\_\_ to \_\_\_\_\_, 20\_\_\_\_.

Signature of legal guardian #1: \_\_\_\_\_

Printed name of legal guardian #1: \_\_\_\_\_

Signature of legal guardian #2: \_\_\_\_\_

Printed name of legal guardian #2: \_\_\_\_\_