



Permission for International Travel for Minors

This form is used for international travel. Minors under the age of 18 traveling from the United States to any foreign country without either of her parent(s), custodial parent, or guardian must have a notarized affidavit from the parent(s) or guardian(s) not accompanying the minor stating that:

1. The minor is traveling out of the United States with the permission of the (custodial) parent(s), or guardians.
2. That the non-traveling (custodial) parent(s), or guardians is aware that the minor is leaving on the departure date,
3. Provides the name(s) of the person(s) accompanying the minor, and
4. Provides consent to seek emergency medical/dental treatment.

This form must be notarized by the individuals who have legal custody of the minor. If the parents are not together, parent consent from both parents is still required. If one parent is the custodial parent or deceased, there must be legal proof/documentation of this status.

GIRLS UNDER 18 WILL NOT BE ABLE TO BOARD THE INTERNATIONAL FLIGHT WITHOUT THIS PERMISSION.

DO NOT SIGN FORMS UNTIL IN FRONT OF NOTARY!

Full Legal Name: _____ Nickname: _____ DOB: _____

TRAVEL INFORMATION					
Travel dates: _____ to _____ Travel to: _____					
ADULT(S) TRAVELING WITH MINOR					
Names of the responsible adults that will be accompanying the minor: 1. _____ 2. _____ 3. _____ 4. _____					
PERMISSION FOR INTERNATIONAL TRAVEL					
<p>By initialing the lines below, I am verifying that I have read and understand the following:</p> <p>_____ She is in good physical condition at present and has had no serious illness or operations since the last health examination. She will not attend if she is not feeling well.</p> <p>_____ When registering for this program year (either online or on paper), I <input type="checkbox"/> granted permission OR <input type="checkbox"/> denied permission for her 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.</p> <p>_____ I give permission for my daughter to ride in private vehicle, airplane, tour bus, and other modes of transportation as deemed necessary by the Adult in Charge.</p> <p>_____ I understand that volunteers and GSCTX are not responsible for loss of valuables.</p> <p>_____ 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.</p> <p>_____ I understand that she must abide by the Code of Conduct and any dress code that has been established by the group. If she doesn't, she may be asked to leave and I will be required to provide transportation home.</p> <p>_____ My daughter has the permission of her undersigned (custodial) parent or guardian to participate in an international trip with Girl Scouts for the dates and to the country(ies) listed above.</p> <p>_____ Should any accident or illness occur to her during the travel, I/we will not hold the leader, her agents, or the Girl Scouts of Central Texas responsible.</p> <p>I agree to the permission statement above.</p> <table border="0"><tr><td>_____ Signature of Maternal Custodial Parent or Guardian</td><td>_____ Signature of Paternal Custodial Parent or Guardian</td></tr><tr><td>_____ Printed Name of Maternal Custodial Parent or Guardian</td><td>_____ Printed Name of Paternal Custodial Parent or Guardian</td></tr></table>		_____ Signature of Maternal Custodial Parent or Guardian	_____ Signature of Paternal Custodial Parent or Guardian	_____ Printed Name of Maternal Custodial Parent or Guardian	_____ Printed Name of Paternal Custodial Parent or Guardian
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CONSENT FOR EMERGENCY MEDICAL/DENTAL TREATMENT

I/we authorize all medical, dental, surgical, diagnostic, and hospital care or procedures which may be performed or prescribed for my minor 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 minor's health. I/we waive my/our right of informed consent to such treatment. *See attached health history form.*

Signature of Maternal Custodial Parent or Guardian

Signature of Paternal Custodial Parent or Guardian

Printed Name of Maternal Custodial Parent or Guardian

Printed Name of Paternal Custodial Parent or Guardian

EMERGENCY CONTACT NOTIFICATION

PERSON TO NOTIFY IN THE EVENT OF AN EMERGENCY.

Legal Name: _____ Relationship: _____

Contact's 1st phone number: _____ 2nd phone number: _____

Email address: _____

Address: _____

ALTERNATE EMERGENCY CONTACT:

Legal Name: _____ Relationship: _____

Contact's 1st phone number: _____ 2nd phone number: _____

Email address: _____

Address: _____

NOTARY STATEMENT

In the state of Texas and county of _____ on this day _____ of _____, _____, before me personally appeared _____ and _____ to me known to be the individual, or individuals, described in and who executed the within and foregoing instrument, and acknowledged that she/he/they signed the same as her/his/their free and voluntary act and deed, for the uses and purposes therein mentioned.

Given under my hand and official seal this _____ day of _____, _____.

NOTARY SIGNATURE: _____

NOTARY PRINTED NAME: _____

NOTARY PUBLIC in and for the State of Texas.

My appointment expires on _____

SEAL