



### Permission to Travel for Minors

**Instructions:** This form is required for international travel, air travel and highly recommended for travel across state lines. Minors under the age of 18 traveling out of the state in which they reside and planning to cross state lines or travel to a foreign country, when not accompanied on the trip by parent(s), must have a notarized affidavit from the parent(s) not accompanying the child that states:

1. Child is traveling across state lines or out of the United States with permission of the parent(s).
2. The non-traveling parent(s) is aware that the child is leaving on the departure dates.
3. The name(s) of the person(s) accompanying the child are provided on the affidavit.
4. If the minor child is crossing state lines or leaving the country without either of his/her parent(s), both parent(s) must sign and notarize the affidavit. If the parents do not reside together, parent consent from both parents is still necessary. If one parent is the custodial parent or deceased, there must be legal proof/documentation attached to this form.

I/we give permission for my/our child, \_\_\_\_\_ to travel to \_\_\_\_\_ with the Girl Scouts. The following responsible adults will be accompanying my/our child:

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

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

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

Given under my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ in the state of \_\_\_\_\_ and county of \_\_\_\_\_, before me personally appeared \_\_\_\_\_ known to be the individual, described in and who executed the within and foregoing instrument, and acknowledged that he/she/they signed the same as his/her/their free and voluntary act and deed, for the uses and purposes therein mentioned.

Notary Signature: \_\_\_\_\_ Notary Printed Name: \_\_\_\_\_

Notary Public in and for the State of \_\_\_\_\_ My appointment expires on \_\_\_\_\_.

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

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

Given under my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ in the state of \_\_\_\_\_ and county of \_\_\_\_\_, before me personally appeared \_\_\_\_\_ known to be the individual, described in and who executed the within and foregoing instrument, and acknowledged that he/she/they signed the same as his/her/their free and voluntary act and deed, for the uses and purposes therein mentioned.

Notary Signature: \_\_\_\_\_ Notary Printed Name: \_\_\_\_\_

Notary Public in and for the State of \_\_\_\_\_ My appointment expires on \_\_\_\_\_.

**Instructions:** This form is required for international travel, air travel and highly recommended for travel across state lines when minors are not accompanied by a parent/guardian. Both parents/guardians must sign the authorization form, which MUST be notarized. If one parent/guardian has been awarded sole custody or if one parent is deceased, documentation must be provided of this status (death certificate, divorce papers granting custody, etc.). This document shall be presented to a physician, dentist or appropriate hospital representative at such times as medical, dental, surgical care or hospitalization may be required.

I/we give permission for my/our child \_\_\_\_\_ to travel with the Girl Scouts and participate in ALL activities unless written exceptions are given. I 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, 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 child. We agree to allow medical and/or surgical treatment which the judgment of a physician may be deemed necessary for my/our child's health and welfare. I/we will take full responsibility for all charges that occur. I/we understand that Girl Scout insurance is secondary to my/our primary insurance.

I 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: \_\_\_\_\_

Given under my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_ in the state of \_\_\_\_\_ and county of \_\_\_\_\_, before me personally appeared \_\_\_\_\_ known to be the individual, described in and who executed the within and foregoing instrument, and acknowledged that he/she/they signed the same as his/her/their free and voluntary act and deed, for the uses and purposes therein mentioned.

Notary Signature: \_\_\_\_\_ Notary Printed Name: \_\_\_\_\_

Notary Public in and for the State of \_\_\_\_\_ My appointment expires on \_\_\_\_\_.

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

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

Given under my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_ in the state of \_\_\_\_\_ and county of \_\_\_\_\_, before me personally appeared \_\_\_\_\_ known to be the individual, described in and who executed the within and foregoing instrument, and acknowledged that he/she/they signed the same as his/her/their free and voluntary act and deed, for the uses and purposes therein mentioned.

Notary Signature: \_\_\_\_\_ Notary Printed Name: \_\_\_\_\_

Notary Public in and for the State of \_\_\_\_\_ My appointment expires on \_\_\_\_\_.