

GSCB Permission to Travel Internationally for Minors

This form is required for international travel. Minors under the age of 18 traveling to a foreign country, when not accompanied on the trip by a legal guardian(s), must have a notarized affidavit from the legal guardian(s) not accompanying the child that:

1. The child is traveling out of the United States with the permission of the legal guardian(s).
2. That the non-traveling legal guardian(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.

If the minor child is leaving the country without either of their legal guardian(s), **both legal guardian(s) must** sign and notarize the affidavit. If a single parent/guardian has custody, attach documentation stating that the minor is in the sole custody of the signer of the forms.

I/we give permission for my/our child, _____ to travel to _____ with the Girl Scouts on an extended trip for the dates of _____ to _____.

I/We, _____ and _____, do hereby appoint:

Names	Address	Phone

To chaperone act on my/our behalf in authorizing unexpected medical, dental, surgical care and hospitalization for the above-named minor participant during the period stated above. This document shall be presented to a physician, dentist, or appropriate hospital representative at such time as unexpected medical, dental, surgical care or hospitalization may be required. I give permission to the physician to order x-rays, routine tests, and treatment related to my child's health for both routine healthcare and in emergency situations. If parent/guardian cannot be reached in an emergency, I give permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child. I understand the information in this form will be shared on a "need to know" basis with appointed adults and or GSCB staff. I give permission to photocopy this form and to obtain a copy of my child's health record from providers, these providers may also talk to appointed adults and or GSCB staff about my child's health status.

Signature of mother/guardian: _____ Printed name of mother/guardian: _____

Signature of father/guardian: _____ Printed name of father/guardian: _____

In the state of _____ 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 he/she/they signed the same as his/her/their free and voluntary act and deed, for the uses and purposes therein mentioned.

Given under my hand and official seal this _____ day of _____ (month), _____ (year).

Notary Signature: _____

Notary Printed Name: _____

Notary Public in and for the state of _____

My appointment expires on _____

