

# Permission for Overnights or Extended Trips

This form is required for any activity with an overnight lasting one (1) or more nights. Form must be completed by custodial parent/guardian of each girl participating at least two weeks prior to travel.

NOTE: Girl Scouts of Southwest Indiana (GSSI) requires that adult volunteers submit a [Special Activities Application](#) form to council, four (4) weeks in advance of sending the Overnight/Extended Trip Permission Form home with girls. Additional [Activity Insurance](#) must be purchased if the trip is over 2 nights or 3 days.

Minor Name \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_\_\_

EVENT/TRAVEL DETAILS		
Event/Travel Type _____	Dates _____	Cost \$ _____
Location(s) _____	Traveling by _____	
GUARDIAN AGREEMENT		
By initialing the lines below, the parent/guardian verifies she/he has read, understands, and agrees to the following:		
_____ The minor listed above is in good physical condition at present and has had no serious injuries/illness/operations since last health exam. The minor will NOT attend if she 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 and/or dentist.		
_____ I give consent for above minor to be photographed/recorded and the images may be used by the troop/group and GSSI for promotional/marketing purposes.		
_____ I give permission for the above minor to ride in private vehicles, airplane, tour bus, and other modes of transportation as deemed necessary by the adult in charge.		
_____ I understand adult volunteer and GSSI are not responsible for loss of valuables.		
_____ I give permission for the First Aider to dispense medications (prescribed and/or over-the-counter) that have been provided by me in its original container in the dosage as it is listed.		
_____ I understand the minor above must abide by the Code of Conduct and any dress code that has been established by the group. If the minor does not, she may be asked to leave and I will be required to provide transportation home.		
HOLD HARMLESS & PERMISSION		
I acknowledge that I have received detailed information about the above Girl Scout activity/overnight and understand that participation involves a certain degree of risk. After careful consideration, I give the above-named Minor permission to participate. I acknowledge that permitting the Minor to participate is in my sole discretion and that participation is voluntary and not required to be a member of Girl Scouts.		
I AGREE TO ASSUME THE FULL RISK of any and all injuries, damages and losses, regardless of severity, that I or the Minor may sustain as a result of participating in approved Girl Scouts activities.		
In consideration for the privilege of participating in Girl Scouts and other valuable consideration, I, on behalf of myself and the minor, hereby waive, release, indemnify, hold harmless and forever discharge to the fullest extent permitted by law the Girl Scouts of Southwest Indiana, including its officers, directors, agents, representatives, volunteers, sponsors, and employees (hereinafter collectively "GSSI") from and against all claims, actions, demands, attorney's and expert fees, damages, losses, injuries, illnesses, costs, expenses and/or liabilities (collectively "claims"), whether such arises based on negligence or by any statutory or common law theories, (including without limitation all injuries, disability or death) arising out of, in connection to, or in any way associated with Girl Scouts, the grant of rights hereunder or breach of these representations and warranties and even though that liability may arise out of the sole negligence or carelessness on the part of GSSI. I hereby agree that GSSI shall not be liable for any injury or loss, of any kind, which the minor may sustain while participating in Girl Scouts, whether sponsored by or under the supervision of GSSI and I agree to indemnify and to hold harmless GSSI, from any claims whatsoever including but not limited to reasonable attorney's and expert fees.		
By signing below I hereby represent and confirm that I have read and fully understand the above important information, warning of risk, assumption of risk, waiver, and a release and indemnity for all claims. I hereby represent that I am the parent/guardian of the minor and I agree that the above agreement binds me and the minor to all terms hereof. I further represent and confirm that I have the authority to sign this form on behalf of the minor.		
Signature of parent/guardian _____		Date _____
Printed name of parent/guardian _____		

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Minor Name \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_\_\_

### CONSENT FOR EMERGENCY MEDICAL/DENTAL TREATMENT

\_\_\_\_ I am the parent/guardian having legal custody of the minor 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.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Parent/Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_

Main Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_  
(During Activity/Travel)

*Alternate Emergency Contacts, if needed:*

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_