girl scouts of southwest indiana

# Permission for Overnights & 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, including a detailed description of all planned sleeping arrangements, to council for approval at least (4) weeks prior to distributing the Overnight/Extended Trip Permission Form.
**All sleeping arrangements must be approved by council before permission forms are distributed.**

**Minor Name**_____ **DOB**____/____/____

## Event / Travel Details:

| Destination(s) | | Describe your Activity |
|---|---|---|
| **Activity Start Date** | **Activity End Date** | **Cost** |
| **Transportation Type** | **Lead Adult in Charge** | **Lead Adult Phone** |

## Emergency Contact Information:

| | |
|---|---|
| **Parent / Guardian Name** | **Phone** |
| **Parent / Guardian Name** | **Phone** |
| **Main Emergency Contact (During Activity / Travel)** | **Phone** |

**Alternate Emergency Contacts, if needed:**

| | | |
|---|---|---|
| **Name** | **Phone** | **Relationship** |
| **Name** | **Phone** | **Relationship** |
| **Name** | **Phone** | **Relationship** |

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**Minor Name**_____**DOB**_____/_____/_____

**Guardian Agreement:** By initialing the boxes below, the parent/guardian verifies he/she 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, and I confirm that all information regarding medication administration is documented on the Annual Permission and Troop Health Form. |
| | 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. |

## Consent for Emergency Medical / Dental Treatment: (initial and sign)

| | |
|---|---|
| | 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(s) / Guardian(s)** | **Date** |
|---|---|
| | |

## Sleeping Arrangements:

**Instructions for Lead Adult:** Complete the sleeping arrangement details specific to this minor/family before distributing this form. Write "N/A" in the initial box for any sleeping arrangement that do not apply. Leave applicable initial box empty for the parent/guardian to complete.

**Guardian Agreement:** By initialing the applicable statements below and signing at the end of this section, the parent/guardian verifies that they have read, understand, and agree to the sleeping arrangements described.

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**Minor Name**_____**DOB**_____/_____/_____

| Initial | Sleeping Arrangements |
|---|---|
| | I understand that all Girl Scouts will be sleeping in one shared sleeping area, with each girl having her own bed, sleeping bag, or designated sleeping space, and I give my consent.<br>***Lead Adult: Complete adult sleeping arrangement section below.***<br>**Adult Sleeping Arrangements:**<br>_____ Adults will sleep in a separate room or designated sleeping area.<br>_____ Adults will sleep in the same room as the girls, with a separate designated sleeping space. Details (including any separate partition within the room):<br>_____ |
| | I understand that the minor above will share a room or cabin with the following individuals, and I give my consent.<br>***Lead Adult: Add all names below, identify each individual as a girl or adult, and specify any shared beds.***<br>**Individuals sharing room/cabin:**<br>- Bed 1: _____<br>- Bed 2: _____<br>- Bed 3: _____<br>- Bed 4: _____ |
| | I understand that the minor above will share a tent with the following individuals, and I give my consent.<br>***Lead Adult: Add all names below and specify adult sleeping location if an adult is sharing the tent. Adults must either be on the outside wall of the tent, next to their own girl, or in a separate room of the tent, and two adults must be present.***<br>**Girls:** _____<br>**Adults:** _____<br>**Adult sleeping location:**_____ |
| | I understand that a male volunteer or guardian will be staying overnight and that separate sleeping arrangements have been established to ensure he will not need to pass through the girls' sleeping area, including to access restroom facilities.<br>***Lead Adult: Add sleeping arrangements and separate restroom details for male volunteer/guardian below.***<br>**Male sleeping location/restroom:**_____ |
| | I give permission for my family to share sleeping accommodations with another family, including any male family members identified below.<br>***Lead Adult: Add all names below.***<br>**Members of my family:**<br>Youth: _____<br>Adults: _____<br>**Members of the family sharing accommodations:**<br>Youth: _____<br>Adults: _____ |

| **Signature of Parent(s) / Guardian(s)** | **Date** |
|---|---|
| | |

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**Minor Name**_____ **DOB**_____/_____/_____

## 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(s) / Guardian(s)** | **Date** |
|---|---|
| | |

| **Printed Name of Parent(s) / Guardian(s)** |
|---|
| |

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