

# EXTENDED TRAVEL PERMISSION SLIP



Name of Participant \_\_\_\_\_  
(Last) (First) (Middle)

Destination \_\_\_\_\_

Departure Date \_\_\_\_\_ Time \_\_\_\_\_ Return Date \_\_\_\_\_ Time \_\_\_\_\_

### A. Permission

*I, the parent or guardian of the participant named, give my permission to travel to, attend and participate in this trip.* Signature \_\_\_\_\_

### B. Girl Health

All participants in a Girl Scout Extended Trip are required to fill out a Health History form. In Addition, a Health Examination for girls is required if traveling 200 miles outside the council borders, and encouraged for adults. A medical doctor must fill out girl or Adult Health Examination Forms, and you and your doctor should answer ALL questions. Travelers can obtain sickness and accident insurance through their local council with Mutual of Omaha. **ALL TRAVELERS MUST HAVE THE FOLLOWING COMPLETED AND SIGNED BY THE PARENT/ GUARDIAN IF UNDER 18.**

*I, the parent/guardian of participant named above, certify that, to the best of my knowledge, my daughter is in good health and able to participate in this Girl Scout event.*

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parent or Guardian)

### C. Medical Emergency Statement:

*I, the parent or guardian of the participant named, gives my permission for participant to receive emergency medical treatment, if necessary. It is understood that every effort will be made to contact me before taking this action.*

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parent or Guardian)

### D. Emergency Notification:

Please notify me at the following address in the event of an emergency. I expect to be there from the time my daughter (or ward) leaves for the extended trip until the time she returns home. This information will be shared with the emergency contact.  I agree the information can be shared with all in group.

Name \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Telephone Numbers ( \_\_\_\_\_ ) \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_  
(Include Area Code) Day Business  
( \_\_\_\_\_ ) \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_  
Cell Night

Email \_\_\_\_\_

### Alternate Emergency Notification:

The following person is authorized to act on my behalf if I cannot be reached in the event of an emergency.

Name \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Telephone Numbers ( \_\_\_\_\_ ) \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_  
(Include Area Code) Day Business  
( \_\_\_\_\_ ) \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_  
Cell Night

Email \_\_\_\_\_



Name of Participant \_\_\_\_\_  
(Last) (First) (Middle)

**E. Medication**

Adults carry all medicines except inhalers. Adults may also carry certain as-needed medications so they do not need to be sent with your participant. Please initial which medications the adult chaperone may give your participant and indicate dosage and reason we should give it. If none, leave blank.

<u>Initials</u>	<u>Dosage, Reason</u>	<u>Initials</u>	<u>Dosage, Reason</u>
_____ Tylenol _____	_____ Tylenol _____	_____ Ibuprofen _____	_____ Ibuprofen _____
_____ Kaopectate _____	_____ Kaopectate _____	_____ Pepto-Bismal _____	_____ Pepto-Bismal _____
_____ Sympton specific cold medicine _____	_____ Sympton specific cold medicine _____	_____ Benedryl liquid/pill _____	_____ Benedryl liquid/pill _____

Please list ALL medications, prescription or non-prescription taken routinely. All prescription medications need to be sent with prescription label or doctors note with girls name, dosage, and other instructions (i.e.-boxed medications such as **inhalers** or prescription **samples**).

Med #1 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_

Reason for taking \_\_\_\_\_

Med #1 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_

Reason for taking \_\_\_\_\_

*Use additional sheets if necessary*

**F. Special Accommodations**

Are there any special physical accommodations needed for the participant? If so, what are they? (Please note if using additional paper and attach detailed information.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any special dietary needs or food allergies that we need to be aware of for health and safety or for religious reasons? (Please note if using additional paper and attach detailed information.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**G. Photo Release**

*As the parent/guardian having legal custody of the participant named, I authorize Girl Scouts of Oregon and Southwest Washington to use photos, videos, images and voice recordings in which my child/ward appears, for Girl Scout publicity including Internet exposure.*

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parent or Guardian)

**(IMPORTANT – Please make sure participants name is listed at the top of the page).**