girl scouts of central texas

Girl Scouts of Central Texas

Permission for Overnights or Extended Trips

This form is used for overnights and extended travel within the state, regional, or national travel. Page must be completed & signed by custodial parent/guardian of girl, or by adult traveling with troop/group at least two weeks prior to the travel. Current health history form must be on file with adult in charge of trip.

Full Legal Name:_____ Nickname: _____ DOB: _____

EVENT/TRAVEL DETAILS

Event/Travel Type: Camp Texlake CSA Journey Weekend Date(s): 2/23-25/2018 and 2/3/18 Cost/individual: $ 60 with high ropes

Location(s): Camp Texlake Traveling by: individual cars

PERMISSION FOR OVERNIGHTS OR EXTENDED TRAVEL

By initialing the lines below, I am verifying that I have read and understand the following for either my daughter or me:

_____ She/I is/am in good physical condition at present and has/have had no serious illness or operations since the last health examination. She/I will not attend if she/I 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 or dentist.

_____ When registering for this program year (either online or on paper), I ❒ **granted permission** OR ❒ **denied permission** for her/me to be interviewed, photographed, videotaped, or electronically imaged for purposes of promotional materials, news releases, or other published formats for either the local Girl Scout Council or Girl Scouts of the USA.

_____ I give permission for my daughter/me to ride in private vehicle, airplane, tour bus, and other modes of transportation as deemed necessary by the Adult in Charge.

_____ I understand that volunteers and GSCTX are not responsible for loss of valuables.

_____ I give consent for the First Aider to dispense medications that have been provided in its original container in the dosage as it is listed. I have also listed any over the counter medications and the dosage that the First Aider is approved to dispense on the Health History form.

_____ I understand that she/I must abide by the Code of Conduct and any dress code that has been established by the group. If she doesn't/I don't, she/I may be asked to leave and I will be required to provide transportation home.

_____ I shall indemnify, hold free and harmless, assume liability for, and defend the Girl Scouts of Central Texas, its chartered affiliates, agents, servants, employees, officers and directors from any and all costs and expenses including but not limited to doctor's fees, emergency room fees, reasonable attorney's fees, investigative, and discovery costs, court costs, and all other sums which the Girl Scouts of Central Texas, its chartered affiliates, agents, servants, employees, officers and directors may become obligated to pay on account of any, all and every demand for, claim arising or assertion of liability, or any claim or action founded thereon, arising or alleged to have arisen out of the negligence, gross negligence or intentional misconduct relating to the event hosted by the Girl Scouts of Central Texas, its chartered affiliates, agents, servants, employees, officers, and directors.

I agree to the permission statement above.

_____ _____

Signature of Custodial Parent or Guardian, or Adult attending **Today's Date**

CONSENT FOR EMERGENCY MEDICAL/DENTAL TREATMENT

❒ I am the parent or guardian having legal custody of the child named above.

❒ I am the individual 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. *See attached health history form.*

_____ _____

Signature of Custodial Parent or Guardian, or Adult attending **Today's Date**

EMERGENCY CONTACT INFORMATION

Custodial Parent/Guardian if Under 18: _____ Best Phone #: _____

Address (if different than girl's address): _____

Emergency Contact Name: _____ Best Phone #: _____

Alternate person(s) to contact in emergency:

Name	Best Phone #:	City	Relationship