



# Parent/Guardian Permission for Travel Outside the United States

Girl Scouts Heart of Central California | 6601 Elvas Avenue Sacramento, CA 95819 | www.girlscoutshcc.org

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

Passport Number # \_\_\_\_\_ Date of Expiration \_\_\_\_\_

### Parent/Guardian Statement:

I, the parent/guardian of the above named participant give permission for my daughter/ward to attend an international opportunity in \_\_\_\_ and to participate in all phases of the program.

This permission shall remain in effect from \_\_\_\_\_ to \_\_\_\_\_.  
Mo. Day/Year Mo./Day/Year

Additionally, I/We give permission for the above named daughter/ward to be supervised and to travel outside the United States of America with the following adults:

Name: \_\_\_\_\_ Position \_\_\_\_\_

Name: \_\_\_\_\_ Position \_\_\_\_\_

Name: \_\_\_\_\_ Position \_\_\_\_\_

Name: \_\_\_\_\_ Position \_\_\_\_\_

The above named adult(s) are authorized to give consent for any emergency x-ray examination, anesthetic, medical or surgical diagnosis, treatment and/or hospitalization for the above named minor as deemed advisable by a physician licensed under the Medicine Practice Act or in the country in which said adult and minor are traveling. It is understood that this authority is given in advance of the need for any diagnosis, treatment or hospital care, but is to provide authority for said adult person(s).

Parent/Guardian Signature: \_\_\_\_\_ Relationship \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Relationship \_\_\_\_\_

Signed this \_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_

Notary Public Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_