

Non-Continental US Travel Forms Packet

For all trips outside of the continental United States
To be completed and submitted with the Extended Overnight Trip Application as one cohesive packet
Submit to Council via membercare@gscm.org

In addition to all required information on the standard Extended Overnight Trip Application, you must submit **copies** of the following forms.

- Girl Information
 - Notarized Authorization for Medical Treatment
 - Notarized Permission to Travel Form for Minors

- Adult Information
 - Notarized Authorization for Medical Treatment, signed by participant and one additional family member

- Passport Information
 - Copies of Girl and Adult participant Passports

- Additional Insurance
 - Plan 3PI Insurance form with additional copy of full roster and itinerary attached.

- Smart Traveler Enrollment Program (STEP) Registration with the U.S. State Department
 - Visit <https://step.state.gov> to register
 - Provide Council a copy of registration confirmation

Girl Scouts of Central Maryland

Authorization for Medical Treatment for Minors Participating in Travel Outside of Continental United States

If your child needs medical or dental attention, you as a parent must give permission. For those times when it will be hard to contact you, you can give permission to other adults. They can then act for you in permitting medical or dental care for your child when you are not available. This is a legal document. With it, you may appoint other adults to act for you. *This document will be kept with the responsible adult.*

BOTH PARENTS MUST SIGN the authorization form, which **MUST BE NOTARIZED**. If the parents are not together, parent consent from both parents is still necessary. If one parent is the custodial parent or one parent is deceased, there **MUST** be legal proof/documentation of this status.

I/We, _____ and _____ being the parent(s) or legal guardian(s) of the named minor, _____, do hereby appoint:

Name(s):	Address:	Phone:

To act on my/our behalf in authorizing unexpected medical, dental, surgical care and hospitalization for the above named minor during the period of my/our absence from ___/___/___ to ___/___/___ (dates of travel). This document shall be presented to a physician, dentist or appropriate hospital representative at such time as unexpected medical, dental, surgical care or hospitalization may be required.

Signature of mother or guardian: _____

Typed/printed name of mother or guardian: _____

Signature of father or guardian: _____

Typed/printed name of father or guardian: _____

In the State of _____ and County of _____ on this, the ___ of _____, _____, before me personally appeared _____ and _____ to me known to be the individual, or individuals described in and who executed the within and foregoing instrument, and acknowledged that he/she/they signed the same as his/her/their free and voluntary act and deed, for the uses and purposes therein mentioned.

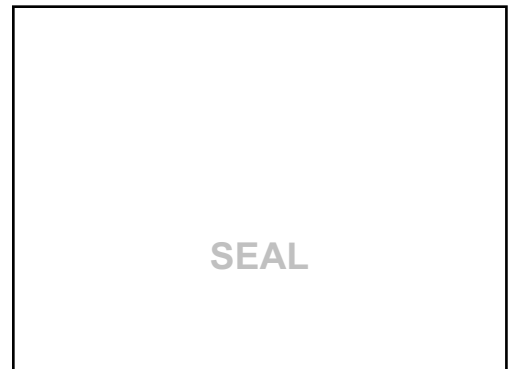
Given under my hand and official seal this _____ day of _____, _____.

Notary Signature: _____

Notary Printed Name: _____

Notary Public in and for the State of _____

My appointment expires on _____.



Girl Scouts of Central Maryland

Authorization for Medical Treatment for Adults

Participating in Travel Outside of Continental United States

If you need medical or dental attention, you must give permission. For those times when it will be hard to contact your family, you can give permission to other adults. They can then act for you in permitting medical or dental care for yourself when family is not available. This is a legal document. With it, you may appoint other adults to act for you. *This document will be kept with the responsible adult.*

You and an adult member of your family (spouse, parent, child over the age of 18) must sign the authorization form, which MUST be notarized.

I, _____ and named family member, _____ do hereby appoint:

Name(s):	Address:	Phone:

To act on my behalf in authorizing unexpected medical, dental, surgical care and hospitalization for the above named adult during the period from ___/___/___ to ___/___/___ (dates of travel). This document shall be presented to a physician, dentist or appropriate hospital representative at such time as unexpected medical, dental, surgical care or hospitalization may be required.

Signature of adult participant: _____

Printed name of adult participant: _____

Signature of named family member: _____

Printed name of named family member: _____

In the State of _____ and County of _____ on this, the ___ of _____, _____, before me personally appeared _____ and _____ to me known to be the individual, or individuals described in and who executed the within and foregoing instrument, and acknowledged that he/she/they signed the same as his/her/their free and voluntary act and deed, for the uses and purposes therein mentioned.

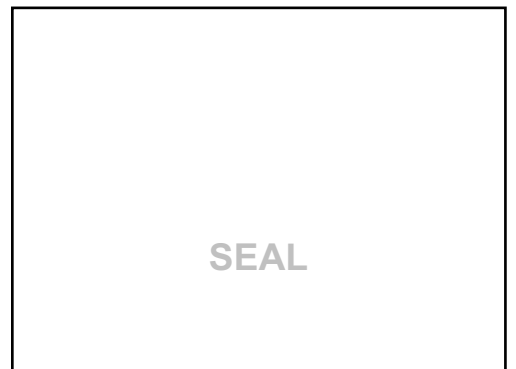
Given under my hand and official seal this _____ day of _____, _____.

Notary Signature: _____

Notary Printed Name: _____

Notary Public in and for the State of _____

My appointment expires on _____.



Girl Scouts of Central Maryland

Permission to Travel Form for Minors

Participating in Travel Outside of Continental United States

Minors under the age of 18 traveling from the United States to any foreign country, when not accompanied on the trip by parent(s) or guardian(s), must have a notarized affidavit from the parent(s) or guardian(s) not accompanying the child that:

1. The child is traveling out of the United States with the permission of the parent(s) or guardian(s).
2. That the non-traveling parent(s) or guardian(s) is aware that the child is leaving on the departure date, and
3. The name(s) of the person(s) accompanying the child.

If the minor child is leaving the country without either of her parent(s) or guardian(s), both parent(s) or guardian(s) must provide a notarized signed affidavit as outlined.

BOTH PARENTS MUST SIGN the authorization form, which **MUST BE NOTARIZED**. If the parents are not together, parent consent from both parents is still necessary. If one parent is the custodial parent or one parent is deceased, there **MUST** be legal proof/documentation of this status.

GIRLS UNDER 18 WILL NOT BE ABLE TO BOARD THE FLIGHT OUTSIDE OF THE CONTINENTAL UNITED STATES WITHOUT THIS PERMISSION.

PERMISSION TO ENTER FOREIGN COUNTRY FOR MINORS (under the age 18)

This certifies that _____ has the permission of her undersigned parents/guardians to enter _____ (List all applicable Countries) to participate in an international trip with Girl Scouts for the dates of __/__/__ to __/__/__.

Names of Responsible Adults accompanying the Minor	
1.	4.
2.	5.
3.	6.

In the State of _____ and County of _____ on this, the ____ of _____, _____, before me personally appeared _____ and _____ to me known to be the individual, or individuals described in and who executed the within and foregoing instrument, and acknowledged that he/she/they signed the same as his/her/their free and voluntary act and deed, for the uses and purposes therein mentioned.

Given under my hand and official seal this _____ day of _____, _____.

Notary Signature: _____

Notary Printed Name: _____

Notary Public in and for the State of _____

My appointment expires on _____.

