



# 2024-2025 Girl Scouts of Central Texas Health and Permission Forms

This packet is used for council events, day camps, overnight events, and travel.

## What form(s) do I need?

**Non-drop off events:**

**Section A**

**Drop-off events under 4 hours:**

**Sections A and B**

**Full-day drop-off events and overnight events:**

**Sections A, B, and C**

**Day camps**

**Sections A, B, C, and D**

**Domestic travel**

**Sections A, B, C, and E1-2**

**International travel**

**Sections A, B, C, and E1-3**

## Addendums:

**Behavior agreement**

**F1**

**Medication Log**

**F2**

**Girl Scout Online Safety Pledge**

**F3**

**COVID-19 Permission to Test**

**F4**

**Permission for Sensitive Issues**

**F5**

**Tagalong Release of Liability and Indemnification**

**F6**

**Supplemental Travel Documents**

**G1**

**About Me**

**G1**

**About Your Girl Scout Participant**

**G2**

**Behavior Agreement**

**G3**

**Illness or Injury Policy**

**G4**

**Copy of Passport**

**G5**



2024-2025 Girl Scouts of Central Texas  
Participant Permission Forms and Indemnity Agreements



Participants without a permission slip completed and signed by their parent or legal guardian will not be allowed to participate. This is not a registration form. You must separately register for this event. Please print all required forms single sided when bringing them to council events.

**Section A: Participant Information and Permissions** - Complete for all events.

**Participant Information**

Participant’s full name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Troop #: \_\_\_\_\_ Girl Scout level: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Name of parent or legal guardian filling out form: \_\_\_\_\_

Phone number(s) during event: Cell: (\_\_\_\_) \_\_\_\_\_ Other: (\_\_\_\_) \_\_\_\_\_

**Permissions**

My Participant has my permission to participate in

\_\_\_\_\_ (Name of “event”) on \_\_\_\_\_ (date).

\_\_\_\_\_ (initial) **I, THE PARENT OR LEGAL GUARDIAN OF PARTICIPANT, SHALL, TO THE FULLEST EXTENT PERMITTED BY LAW, INDEMNIFY, HOLD FREE AND HARMLESS, ASSUME LIABILITY FOR, AND DEFEND THE GIRL SCOUTS OF CENTRAL TEXAS (“GSCTX”) AND ITS CHARTERED AFFILIATES, AGENTS, SERVANTS, EMPLOYEES, OFFICERS, AND DIRECTORS (COLLECTIVELY, THE “INDEMNITEES”) FROM AND AGAINST ANY AND ALL LIABILITY, LOSSES, DAMAGES, JUDGMENTS, DEMANDS, CAUSES OF ACTION, CLAIMS, ATTORNEYS’ FEES, AND ANY OTHER COSTS OR OBLIGATIONS OF ANY KIND, ARISING OUT OF OR RELATED TO THE EVENT HOSTED BY GSCTX, REGARDLESS OF WHETHER CAUSED IN WHOLE OR IN PART BY ANY NEGLIGENCE, GROSS NEGLIGENCE, STRICT LIABILITY, AND/OR OTHER FAULT OF ONE OR MORE OF THE INDEMNITEES.**

\_\_\_\_\_ (initial) Participant is in good physical condition at present and has had no conditions that prevent them from participating in this event. Should Participant’s physical condition change prior to the event, I will inform council in writing so a decision can be made whether they will be allowed to participate.

\_\_\_\_\_ (initial) I understand that volunteers and GSCTX are not responsible for loss of valuables. I agree that Participant will not bring anything of monetary or sentimental value to the activity.

\_\_\_\_\_ (initial) I grant GSCTX and all affiliate organizations permission to publish my image and voice recorded through photography and/or video of Participant(s) and myself on platforms including, but not limited to, websites, electronic and digital media, publicity, and advertising. All photography/videos will remain the property of GSCTX. (Not a condition to participate.)

\_\_\_\_\_ (initial) I also grant GSCTX permission to identify Participant(s) and/or myself with our first names, last initial, and troop number in the aforementioned communications. (Not a condition to participate.)

\_\_\_\_\_  
**Signature of parent or legal guardian**

\_\_\_\_\_  
**Date**

**Section B1: Participant Release Information** - Complete for all drop-off events.

Participant's full name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

How will the Participant be departing from this event?

- The Participant is over 16 years old, and I authorize them to drive, walk, or take public transportation (not including ride sharing companies) by themselves from the event. For participants driving themselves from the event, please attach a copy of their valid drivers' license and proof of current insurance. *Note: Drivers under the age of 21 are not permitted to drive other unrelated Girl Scout youth members to and from any Girl Scout events.*

\_\_\_\_\_ (Signature of parent/legal guardian)

- Parent, legal guardian, or designated adult will pick-up Participant. *Note: all adults including any parent/legal guardian who is picking up the Participant must be listed below in the authorized list. Drivers under the age of 21 are not permitted to drive other unrelated participants to and from any Girl Scout events. An annual Volunteer Driver Form ([www.gsctx.org/driver](http://www.gsctx.org/driver)) must be on file for any designated adult driving unrelated Girl Scouts.*

**Adults authorized to pick up the Participant must be listed below and present a valid state or government issued identification at pickup. Please include your own name if you will be picking up the Participant.**

**My Participant can be released to any of the following person(s):**

Name of Adult Authorized to Pick Up	Driver's License #	Cell Phone Number	Relationship to Participant

**My Participant should not be released to any of the following person(s):**

Name of Adult not Authorized to Pick Up	Relationship to Participant

**For event staff use only**

Signature of Adult that Picked-up Participant	Date	ID Checked	GSCTX Staff Signature

**Section B2: Emergency and Medical Treatment Contact Permission** - Complete for all drop-off events.

Participant's full name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

I give permission for the following person(s) to be contacted in the event of an emergency with details of the situation and potential need for medical care for the Participant.

**Emergency Contacts** (cannot be the parent/legal guardian(s) listed in Section A)

Full Name of Emergency Contact	Cell Phone Number	Other Phone Number	Relationship to Participant

**Consent for Emergency Medical/Dental Treatment**

- I am the parent or legal guardian who has legal custody of the Participant named above.
- I am the Participant named above.

I authorize all medical, surgical, diagnostic, and hospital care or procedures, which may be performed or prescribed for the Participant or myself by a licensed physician/dentist or hospital, when efforts to contact the emergency contact persons are unsuccessful and when, deemed immediately necessary or advisable by the physician to safeguard mine or my Participant's health. I waive my right of informed consent to such treatment.

\_\_\_\_\_  
**Signature of parent or legal guardian**\_\_\_\_\_  
**Date****Current Health Issues****Y N**

- Allergies: Medications \_\_\_\_\_ Food \_\_\_\_\_ Other \_\_\_\_\_
- History of anaphylaxis to \_\_\_\_\_ Epi-Pen: Yes No
- Asthma: Asthma action plan Yes No (Please attach if yes)
- Diabetes: Type I Type II
- Seizure disorder: \_\_\_\_\_

Other: (Please specify)

**Current medications** (prescribed and over-the-counter): list any medications including dosage schedule and specific instructions for use. All prescriptions that need to be administered during the event must be in their original container and label.

**Additional health information:** Please list any other information that needs to be conveyed to medical personnel in an emergency.

\_\_\_\_\_ (initial) **Consent to provide over-the-counter medications:** Non-prescription medication administration is authorized with these exceptions. Please list any medications that we may NOT administer to your child.

\_\_\_\_\_ (initial) **Consent to provide prescription medications:** Prescription medication administration is authorized. ALL prescriptions that need to be administered during the event must be in their original container and label.

\_\_\_\_\_ (initial) **Consent to release to an adult other than the parent or legal guardian:** I authorize GSCTX to release my Participant to the person or people listed above from camp or a program/event in the case of an emergency.

\_\_\_\_\_ (initial) **Consent to transport:** I give my consent for my Participant to be transported to a medical facility by any GSCTX employee who is authorized by council to drive based on driving record, criminal background check, and proof of current car insurance.

\_\_\_\_\_  
Signature of parent or legal guardian \_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of parent or legal guardian

**\*\*\*Please attach a copy of the Participant's health insurance card (front and back).\*\*\***

*attach  
picture of the  
participant  
here.*

**Section C1: Youth or Adult Participant Health History Record**

Complete for all full-day (excluding day camps) or overnight events.

Participant's full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

This form must be completed and signed by the parent/legal guardian of the Participant; or by adult members for themselves. This record will be retained one year. All information on this form will be kept confidential and stored in a place where others may not view the information contained on this form.

**Health Conditions: Past and Present** [Check all that apply]

Date of last health examination: \_\_\_\_\_ Were any complicating medical problems noted in the last health exam?  Yes  No

Since last health exam, has Participant had:

A serious injury requiring medical attention? <input type="checkbox"/> Yes <input type="checkbox"/> No	Treatment in a hospital or emergency room? <input type="checkbox"/> Yes <input type="checkbox"/> No
A surgical procedure or fracture? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any exposure to a contagious disease? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Physician/Dentist, Hospital, and Insurance Information**

Physician's name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Medical insurance carrier name: \_\_\_\_\_ Insurance number: \_\_\_\_\_

Preferred hospital: \_\_\_\_\_

Dentist's name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Dental insurance carrier name: \_\_\_\_\_ Insurance number: \_\_\_\_\_

**Record of Immunization** [This section must be completed in detail or attach a copy of record from doctor's office]

Immunization	Date Series Completed	Year of Last Booster	Immunization	Date Series Completed	Year of Last Booster
Hepatitis B			Hepatitis A		
Diphtheria, Tetanus, Pertussis (DTap/Tdap)			Inactivated Poliovirus (IPV)		
Measles, Mumps, Rubella (MMR)			Influenza		
Rotavirus (RV)			Varicella		
Haemophilus influenzae (type b Hib)			Meningococcal (MCV)		
Pneumococcal (PCV)			Human Papillomavirus (HPV)		
Tuberculin Test: _____	Result: _____	Date: _____	<b>Other:</b> _____		

**SIGNATURE(S)**

**For parent/legal guardian:** I know of no reason(s), other than the information indicated on this form, why my Participant should not participate in prescribed activities, except as noted.

**Signature of parent or legal guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**For Adults:** This health history is correct and I am able to participate in all prescribed activities except as noted.

**Signature of parent or legal guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

Section C2: Permission for Overnights or Extended Trips and Indemnification

Complete for all full-day (excluding day camps) or overnight events.

Participant's full name: \_\_\_\_\_

Youth participant  Adult participant

Date of birth: \_\_\_\_\_

This form is used for overnight events and/or extended travel within the state, region, or country. This page must be completed and signed by the custodial parent/legal guardian of the Participant. This page must also be completed by any adult traveling with the troop/group. This form should be completed by all adult and youth participants at least two weeks prior to travel. A current health history form (Form C1) must be on file with the adult in charge of the trip.

Physician/Dentist, Hospital, and Insurance Information

Event/travel type: \_\_\_\_\_ Date(s): \_\_\_\_\_ Cost/individual: \$ \_\_\_\_\_

Location(s): \_\_\_\_\_ Traveling by: \_\_\_\_\_

Physician/Dentist, Hospital, and Insurance Information

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

\_\_\_\_\_ I give permission for my Girl Scout 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 medication(s) that has been provided in its original container(s) in the dosage(s) listed. I have also listed any over the counter medication(s) that the First Aider is not approved to dispense on the Permission to Contact for Emergency and Provide Medical Treatment form (Form B2).

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

\_\_\_\_\_ I, THE PARENT OR LEGAL GUARDIAN OF PARTICIPANT, SHALL, TO THE FULLEST EXTENT PERMITTED BY LAW, INDEMNIFY, HOLD FREE AND HARMLESS, ASSUME LIABILITY FOR, AND DEFEND THE GIRL SCOUTS OF CENTRAL TEXAS ("GSCTX") AND ITS CHARTERED AFFILIATES, AGENTS, SERVANTS, EMPLOYEES, OFFICERS, AND DIRECTORS (COLLECTIVELY, THE "INDEMNITEES") FROM AND AGAINST ANY AND ALL LIABILITY, LOSSES, DAMAGES, JUDGMENTS, DEMANDS, CAUSES OF ACTION, CLAIMS, ATTORNEYS' FEES, AND ANY OTHER COSTS OR OBLIGATIONS OF ANY KIND, ARISING OUT OF OR RELATED TO THE EVENT HOSTED BY GSCTX, REGARDLESS OF WHETHER CAUSED IN WHOLE OR IN PART BY ANY NEGLIGENCE, GROSS NEGLIGENCE, STRICT LIABILITY, AND/OR OTHER FAULT OF ONE OR MORE OF THE INDEMNITEES.

I agree to the permission statement above.

Signature of parent/legal guardian or adult attendee \_\_\_\_\_ Date \_\_\_\_\_

**Section C3: Participant History**

Complete for all full-day or overnight events

Participant's full name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Please share any situation in your camper's life which may affect their adjustment to, or enjoyment of camp, such as:

- Separation
- Divorce
- New baby in family
- Health of camper
- Illness of camper
- Death
- Moving
- Other comments:

Does your camper have any fears we should be aware of (i.e., dark, animals, etc.)?

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Name of sibling(s), or other family member, if any, who will be at same camp session or attending camp the same week:

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Is this your camper's first time away from home without their family?  Yes  No

Special dietary regime to be followed (example: vegetarian or gluten allergy):



**Section D1: Permission for Day Camps and Indemnification** – Complete for all day camps.

Participant’s full name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

**INDEMNIFICATION, RELEASE OF LIABILITY AND ASSUMPTION OF RISK:** I, individually or I/we as parent(s) and/or natural/legal guardian(s) of my/our child understand and recognize that there is always an inherent risk of property damage, bodily injury and harm associated with, but not limited to, camping, challenge course, archery, campfires, and other typical camp activities including those risks arising from accidents, other participants, and the forces of nature. I/we further understand that no warranties or representations of any kind have been made by the Girl Scouts of Central Texas (“GSCTX”), its employees, agents, officers, directors, successors, or assigns regarding any of these activities.

My child and I assume(s) the risk(s) of property damage, personal injury, including death, accidents and/or illness, in consideration of, and in recognition of the inherent risks associated with the use of the GSCTX facilities and/or participation in its Girl Scouts program or activities.

**I, INDIVIDUALLY, OR I/WE AS PARENT(S) AND/OR NATURAL, LEGAL GUARDIAN(S) OF MY/OUR CHILD AGREE, ON BEHALF OF MYSELF, MY CHILD, MY/OUR HEIRS, REPRESENTATIVES, SUCCESSORS, EXECUTORS, ADMINISTRATORS AND ASSIGNS, TO THE FULLEST EXTENT PERMITTED BY LAW, NOT TO SUE AND TO RELEASE, WAIVE, DISCHARGE, HOLD HARMLESS, DEFEND, AND INDEMNIFY GSCTX, ITS NATIONAL ORGANIZATION, ITS EMPLOYEES, AGENTS, OFFICERS, DIRECTORS, SUCCESSORS AND/OR ASSIGNS (THE “RELEASED PARTIES”) FROM AND AGAINST ANY AND ALL LIABILITIES, LOSSES, DAMAGES, JUDGMENTS, DEMANDS, CAUSES OF ACTION, CLAIMS, ATTORNEYS’ FEES, AND OTHER COSTS OR OBLIGATIONS OF ANY KIND, ON ACCOUNT OF ANY PROPERTY DAMAGE, PERSONAL INJURY, INCLUDING DEATH, ACCIDENTS, AND/OR ILLNESS ARISING OUT OF OR IN ANY WAY RELATED TO THE USE OF GSCTX FACILITIES, TRANSPORTING MY CAMPER, PARTICIPATION IN ITS GIRL SCOUTS PROGRAMS OR CAMP ACTIVITIES, AND/OR CLAIMS MADE BY OTHER INDIVIDUALS OR ENTITIES AS A RESULT OF MY CHILD’S/MY ACTIONS, REGARDLESS OF WHETHER CAUSED IN WHOLE OR IN PART BY ANY NEGLIGENCE, GROSS NEGLIGENCE, STRICT LIABILITY, AND/OR OTHER FAULT OF ONE MORE OF THE RELEASED PARTIES.**

I/we agree should any part or portion of this Indemnification, Release of Liability, and Assumption of Risk provision be determined to be legally invalid or unenforceable for any reason, only such part or portion shall be severed and removed from the provision. The remaining parts or portions of this provision that have not been ruled invalid or unenforceable shall independently survive and remain in full force and effect, with only the invalid or unenforceable parts or portions of this provision to be deemed unenforceable and severed.

**PLEASE INITIAL THE APPROPRIATE RESPONSE IN THE FOLLOWING SECTIONS:**

Yes  No  **Field trips:** I/we do further give consent for Participant to participate in scheduled field trips during this program. I/we understand that approved adult volunteers and/or staff will travel and serve as chaperones with Participant off of GSCTX day camp grounds. Transportation will only be provided by bus service chartered through GSCTX.

Yes  No  **PG rated movies:** My child has my permission to watch movies rated PG or below.

This option may be offered if outdoor activities are affected by adverse weather conditions. If no is indicated, your Participant will only be able to view G-rated movies or be provided an alternative activity.

**Signature of parent or legal guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Printed name of parent or legal guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Section D2: Day Camp Behavior Agreement** - Complete for all day camps.

Participant's full name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

At Girl Scouts of Central Texas (GSCTX) camps, we hold our campers to a certain standard of behavior. Throughout the week, we expect our campers to adhere to the Girl Scout Promise, the Girl Scout Law, and other general camp rules. These guidelines are designed to enhance the opportunity for every camper who attends a GSCTX camp to have a positive experience. By checking each section and signing the agreement, you and your camper are agreeing to the standards of behavior we expect at our GSCTX camps. The camp manager and camp staff will do everything possible to help campers adjust to camp life. However, GSCTX reserves the right to send any camper home from camp who consistently exhibits unsuitable behavior, endangers the camp community, or whose actions towards others are unacceptable.

Participant's full name: \_\_\_\_\_

Parent/Legal guardian: \_\_\_\_\_

While attending GSCTX camps, I agree with and will adhere to the following: (please check each box)

- Girl Scout Promise: By checking the box, I agree that I will act in accordance with the Girl Scout Promise during my time at camp.
- Girl Scout Law: By checking the box, I agree to live by the Girl Scout Law during my time at camp.
- Kapers: At Girl Scout camp, campers are assigned daily chores or kapers. Kapers include, but are not limited to: picking up trash, setting the table, and cleaning the bathroom. By checking the box, I agree I will do my part in the daily kapers at camp.
- Technology at camp: No electronic devices are permitted at GSCTX camps. By checking the box, I agree that I will leave all electronics at home and will not bring electronics to camp.
- Bullying: GSCTX camps work to provide a safe place for all campers. Bullying of any sort will not be tolerated. By checking the box, I agree that I will not bully other campers and will report bullying to camp staff if I see it happen.
- Camper behavior: At GSCTX camps, we do our best to give every camper a positive and safe experience. We expect our campers to help us in that endeavor by behaving appropriately at all times. By checking the box, I agree that I will behave appropriately and will refrain from any inappropriate behavior that would not be acceptable at any Girl Scout function or at school.

I have discussed this behavior agreement with my camper and what it means for them during their time at camp. I agree with and will adhere to the following:

- Girl Scout Promise: I have reviewed the Girl Scout Promise with my camper and believe they will abide by the Promise while at camp
- Girl Scout Law: I have reviewed the Girl Scout Law with my camper and believe she will behave according to the Girl Scout Law while she is at camp.
- Kapers: I have reviewed what Kapers are with my camper and agree that she intends to perform daily Kapers at camp as assigned.
- Technology at camp: I have reviewed GSCTX's stance on technology at camp with my camper and agree that I will not send electronics with my camper to camp.
- Bullying: I have reviewed GSCTX's stance on bullying with my camper and understand the consequences of bullying while my camper is at camp.
- Camper behavior: I have reviewed the meaning of "appropriate behavior" with my camper and agree to help GSCTX ensure a positive environment for all campers.

By signing, I, the camper, agree to uphold the GSCTX Day Camp Behavior Agreement.

By signing, I, the parent/legal guardian, also agree to uphold the GSCTX Day Camp Behavior Agreement.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



2024-2025 Council Event Permission Forms



Section E1: Physical Exam Form - Complete for all domestic or international travel programs.

Must be filled out by licensed physician after review of health history with parent/legal guardian.

Date of exam: \_\_\_\_\_ (required within 12 months of travel date)

Participant's full name: \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood pressure \_\_\_\_\_ / \_\_\_\_\_

Physical examination:

S - satisfactory for camp participation M - modified/limited participation X - not satisfactory

- Lungs Throat Ears
Nose Eyes Skin
Feet Abdomen General physical status
Posture/ Spine Heart General emotional status

Please explain any M or X findings:

[Empty box for explaining findings]

Explanation of any chronic or recurring illness or health concerns as listed on the medical history:

[Empty box for explaining chronic illness]

Recommendations and/or restrictions while traveling:

[Empty box for recommendations]

Is there any activity that this person should not participate in?

[Empty box for activity restrictions]

Physician's statement: Based on this person's physical examination, in my opinion, the Participant has suitable physical, mental, and emotional health to fully participate or to participate with the recommendations/restrictions indicated on this sheet in outdoor activities (i.e. swimming, boating, sports, etc.), and potentially high-risk activities. Physician signature must be on the form for validity of the health exam if completed by a nurse or physician's assistant.

Licensed physician's signature: \_\_\_\_\_

Physician's printed name: \_\_\_\_\_

Date: \_\_\_\_\_ Physician's contact phone number: \_\_\_\_\_

Address: \_\_\_\_\_

Please attach a copy of PROOF OF INSURANCE COVERAGE FOR INTERNATIONAL TRIPS. THIS COVERAGE IS REQUIRED FOR INTERNATIONAL TRIPS.

**Section E2: Girl Scouts of Central Texas (GSCTX) Substance Policy**

Complete for all domestic or international travel programs.

By signing this form, you acknowledge the following Girl Scouts of Central Texas Substance Policy:

Participant shall not:

- Possess, use, give, or sell alcohol or an illegal drug.
- Use legal recreational drugs.
- Possess or sell seeds or pieces of marijuana in less than a usable amount.
- Possess, use, give, or sell paraphernalia related to any prohibited substance.
- Possess, use, abuse, or sell look-alike drugs or attempt to pass items off as drugs or contraband.
- Abuse the Participant’s own prescription drug, give a prescription drug to another participant, or possess or be under the influence of another person’s prescription.
- Abuse over-the-counter drugs.
- Be under the influence of prescription or over-the-counter drugs that cause impairment to body or mind.

Not adhering to the GSCTX Substance Policy may result in dismissal from the trip at the parent/legal guardian’s expense.

Participant’s full name \_\_\_\_\_ Trip leader’s name \_\_\_\_\_

**Parent/Legal guardian Section**

I understand that the above-named traveler may not consume alcohol of any kind or use legal recreational drugs while on the trip. I agree to the GSCTX Substance Policy listed above. I understand that if the Participant does not abide by this policy, the trip leader can send the traveler home at my expense.

Printed name of parent or legal guardian \_\_\_\_\_

Signature of parent or legal guardian \_\_\_\_\_ Date \_\_\_\_\_

**Traveler Section**

I agree to follow the GSCTX Substance Policy listed above. I understand that I may not consume alcohol of any kind or use legal recreational drugs on my trip. I fully understand the potential consequence of being sent home at my parent/legal guardian’s expense if I do not comply with this rule.

Participant’s full name \_\_\_\_\_

Participant’s signature \_\_\_\_\_ Date \_\_\_\_\_

Section E3: Permission and Release for International Travel for Minors and Indemnification – Complete for all domestic or international travel programs.

This form is used for international travel. Minors under the age of 18 traveling from the United States to any foreign country without either their parent(s), custodial parent, or legal guardian must have a notarized affidavit from all custodial parent(s) or legal guardian(s) not accompanying the minor stating that:

- 1. The minor is traveling out of the United States with the permission of the (custodial) parent(s), or legal guardians,
2. That the non-traveling (custodial) parent(s), or legal guardians is aware that the minor is leaving on the departure date,
3. Provides the name(s) of the person(s) accompanying the minor, and
4. Provides consent to seek emergency medical/dental treatment.

This form must be notarized by all individuals who have legal custody of the minor. If the parents are not together, parent consent from any parent with custody is still required. If one parent is the custodial parent or is deceased, there must be legal proof/documentation of this status.

Travelers under the age of 18 will not be able to board the international flight without this permission. Do not sign these forms until you are in front of a notary.

Participant full legal name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Travel Information

Travel dates: \_\_\_\_\_ to \_\_\_\_\_ Travel to: \_\_\_\_\_

Adult(s) Traveling with Minor Names of the trip chaperones that will be accompanying the minor:

- 1. \_\_\_\_\_ 2. \_\_\_\_\_
3. \_\_\_\_\_ 4. \_\_\_\_\_

Permission for International Travel

By initialing the lines below, I am verifying that I have read and understand the following:

\_\_\_\_\_ Participant is in good physical condition at present and has had no serious illness or operations since the last health examination. They will not attend if they are not feeling well.

\_\_\_\_\_ When registering for this program year \_\_\_\_\_ I [ ] granted permission OR [ ] denied permission for them 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 Participant to ride in a private vehicle, commercial airplane, tour bus, and other modes of transportation as deemed necessary by the adults traveling with the minor.

\_\_\_\_\_ 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 their 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 my Participant must abide by the Code of Conduct, GSCTX Substance Policy and any dress code that has been established by the group. If they do not, they may be asked to leave, and I will be required to provide transportation home.

\_\_\_\_\_ My Participant has the permission of their undersigned (custodial) parent or guardian to participate in an international trip with Girl Scouts for the dates and to the country(ies) listed above.

\_\_\_\_\_ I, THE PARENT OR LEGAL GUARDIAN OF PARTICIPANT, SHALL, TO THE FULLEST EXTENT PERMITTED BY LAW, INDEMNIFY, HOLD FREE AND HARMLESS, ASSUME LIABILITY FOR, AND DEFEND THE GIRL SCOUTS OF CENTRAL TEXAS ("GSCTX") AND ITS CHARTERED AFFILIATES, AGENTS, SERVANTS, EMPLOYEES, OFFICERS, AND DIRECTORS (COLLECTIVELY, THE "INDEMNITEES") FROM AND AGAINST ANY AND ALL LIABILITY, LOSSES, DAMAGES, JUDGMENTS, DEMANDS, CAUSES OF ACTION, CLAIMS, ATTORNEYS' FEES, AND ANY OTHER COSTS OR OBLIGATIONS OF ANY KIND, ARISING OUT OF OR RELATED TO THE EVENT HOSTED BY THE GSCTX, REGARDLESS OF WHETHER CAUSED IN WHOLE OR IN PART BY ANY NEGLIGENCE, GROSS NEGLIGENCE, STRICT LIABILITY, AND/OR OTHER FAULT OF ONE OR MORE OF THE INDEMNITEES

I agree to the permission statements above.

Signature of parent or legal guardian #1

Signature of parent or legal guardian #2

**Consent For Emergency Medical/Dental Treatment**

I authorize all medical, dental, surgical, diagnostic, and hospital care or procedures which may be performed or prescribed for my minor 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 minor's health, I waive my/our right of informed consent to such treatment. See attached health history form.

\_\_\_\_\_  
Signature of parent or legal guardian #1

\_\_\_\_\_  
Signature of parent or legal guardian #2

\_\_\_\_\_  
Printed name of parent or legal guardian #1

\_\_\_\_\_  
Printed name of parent or legal guardian #2

**Emergency Contact Notification**

**Emergency Contact:**

Legal name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact's 1st phone number: \_\_\_\_\_ 2nd phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Address: \_\_\_\_\_

**Alternate Emergency Contact:**

Legal name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact's 1st phone number: \_\_\_\_\_ 2nd phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Address: \_\_\_\_\_

**NOTARY STATEMENT**

In the state, province, or territory of \_\_\_\_\_ on this \_\_\_\_\_ day 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 she/he/they signed the same as her/his/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 (state, province, or territory) \_\_\_\_\_

My appointment expires on \_\_\_\_\_

SEAL



**Section F1: Behavior Agreement** - To be completed by Participant and parent/legal guardian.

At Girl Scouts of Central Texas (GSCTX), we hold our Girl Scouts to a certain standard of behavior. During events and troop meetings, we expect participants to adhere to the Girl Scout Promise, the Girl Scout Law, and other general site rules. These guidelines are designed to enhance the opportunity for every Girl Scout who attends to have a positive experience. By checking each section and signing the agreement, you and your Participant are agreeing to the standards of behavior expected at our GSCTX activities. The event staff and troop leaders will do everything possible to help participants adjust their behaviors. However, GSCTX reserves the right to send home any participant who consistently exhibits unsuitable behavior, endangers the troop or event community, or whose actions towards others are unacceptable.

Participant's full name: \_\_\_\_\_

Parent/Legal guardian: \_\_\_\_\_

During my attendance, I agree with and will adhere to the following: (please check each box)

- Girl Scout Promise: By checking the box, I agree that I will act in accordance with the Girl Scout Promise during my time at camp.
- Girl Scout Law: By checking the box, I agree to live by the Girl Scout law during the troop meeting or event.
- Kapers: At Girl Scout activities, participants are occasionally assigned chores or kapers. Kapers include, but not limited to, picking up trash, setting the table, and cleaning up the event space. By checking the box, I agree I will do my part in the kapers at troop meetings or events.
- Technology: Each troop meeting and event has different technology rules. By checking the box, I agree that I will follow all rules around technology use during the troop's meeting or event.
- Bullying: GSCTX works to provide a safe place for all participants. Bullying of any sort will not be tolerated. By checking the box, I agree that I will not bully other participants and will report bullying to the event staff or troop leaders if I see it happen.
- Participant behavior: At GSCTX, we do our best to give every participant a positive and safe experience. We expect our participants to help us in that endeavor by behaving appropriately at all times. By checking the box, I agree that I will behave appropriately and will refrain from any inappropriate behavior that would not be acceptable at any Girl Scout function or at school.

I have discussed this behavior agreement with my Participant and what it means for them during troop meetings and events. I agree with and will adhere to the following:

- Girl Scout Promise: I have reviewed the Girl Scout Promise with my Participant and believe they will abide by it.
- Girl Scout Law: I have reviewed the Girl Scout Law with my Participant and believe they will behave according to the Girl Scout Law while at troop meetings or events.
- Kapers: I have reviewed what kapers are with my child and agree that they intend to perform daily kapers at troop meetings or events.
- Technology: I have discussed with my child that some troop meetings and events will have different technology rules. My Participant and agree that I agree to follow technology rules for troop meetings and events.
- Bullying: I have reviewed GSCTX's stance on bullying with my child and understand the consequences of bullying while at troop meetings or events.
- Participant behavior: I have reviewed the meaning of "appropriate behavior" with my Participant and agree to help GSCTX ensure a positive environment for all participants.

By signing, I, the Participant, agree to uphold the GSCTX Behavior Agreement.

By signing, I, the parent/legal guardian, also agree to uphold the GSCTX Behavior Agreement.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Section F2: Participant Medication Log**

Participant's full name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Please complete the shaded section of the box for each medication to be dispensed by a registered volunteer or GSCTX staff. If a minor is accompanied by a parent or legal guardian who will be dispensing their medication, this form is not required. Medications must be in the original packaging with the Participant's name listed on it. Copy this page as needed.

Medication:							
Dosage/directions:							
Time(s) needed: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> As Needed					Type: <input type="checkbox"/> Prescription <input type="checkbox"/> Over-the-counter		
Staff or volunteer Initials and Time	<b>Sunday</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>

Medication:							
Dosage/directions:							
Time(s) needed: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> As Needed					Type: <input type="checkbox"/> Prescription <input type="checkbox"/> Over-the-counter		
Staff or volunteer Initials and Time	<b>Sunday</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>

Medication:							
Dosage/directions:							
Time(s) needed: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> As Needed					Type: <input type="checkbox"/> Prescription <input type="checkbox"/> Over-the-counter		
Staff or volunteer Initials and Time	<b>Sunday</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>



**Section F3: Girl Scout Online Safety Pledge\***

At Girl Scouts of Central Texas (GSCTX), we hold our Girl Scouts to a certain standard of behavior. During events and troop meetings, we expect participants to adhere to the Girl Scout Promise, the Girl Scout Law, and other general site rules. These guidelines are designed to enhance the opportunity for every Girl Scout who attends to have a positive experience. By checking each section and signing the agreement, you and your Participant are agreeing to the standards of behavior expected at our GSCTX activities. The event staff and troop leaders will do everything possible to help participants adjust their behaviors. However, GSCTX reserves the right to send home any participant who consistently exhibits unsuitable behavior, endangers the troop or event community, or whose actions towards others are unacceptable.

- I will not give out personal information such as my address, telephone number(s), parents' or guardians' work address/telephone number(s), or the name or location of my school without the permission of my parent or guardian.
- I will tell an adult right away if I come across or receive any information that makes me feel uncomfortable.
- I will always follow the rules of online sites, including those rules that are based on age of use, parental approval and knowledge, and public laws.
- I will never agree to get together with someone I "meet" online without first checking with my parents or guardians. If my parents or guardian agree to a meeting, I will arrange it in a public place and bring a parent or guardian with me.
- I will never send a person my picture or any personal information without first checking with my parent or guardian.
- I will talk with my parent or guardian so that we can set up rules for going online. We will decide on the time of day that I can be online, the length of time that I can be online, and appropriate areas for me to visit. I will not access other areas or fail to follow these rules without their permission.
- I will practice online etiquette (good manners) at all times when online by:
  - Not spamming others.
  - Not bullying or tolerating bullying (and always telling a trusted adult if I witness bullying).
  - Not using bad language.
  - Not posting someone's photo without consent.
  - Not using the internet or other electronic communications to threaten or harass others.
  - Not send, post, deliver, or possess electronic messages that are abusive, obscene, sexually oriented, threatening, harassing, damaging to another's reputation, or illegal, including cyberbullying and "sexting".
  - Not use the internet or other electronic communication to engage in or encourage illegal behavior or threaten anyone's safety.
- I will be guided by the Girl Scout Promise and Law in all that I do online.

Participant's full name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_

\*The GSUSA Online Safety Pledge is based upon the Online Safety Pledge developed by the National Center for Missing and Exploited Children. (Revised August 2014)

**Section F4: Informed Consent: COVID-19 Permission to Test**

<b>To Be Completed by Parent/Legal guardian</b>
<b>Participant Name/Information</b>
Participant's full name:
<b>Parent/Legal guardian Information</b>
<i>You will be notified prior to testing and with test results via the phone number provided below</i>
<b>Parent/Legal guardian name:</b>
<b>Parent/Legal guardian mobile phone number:</b>
<b>Parent/Legal guardian email address:</b>

**Testing:**

Girl Scouts of Central Texas (GSCTX) takes the health and safety of our members and their families very seriously. As such, in addition to steps to screen for the coronavirus prior to arrival and to prevent its spread, we are providing a COVID-19 testing program for symptomatic or participants who may have been exposed to the virus. GSCTX will only administer a COVID-19 test if your Participant is exhibiting COVID-19 symptoms or a COVID-19 test is required by local authorities or transit authorities. Permission to test is required to attend this program. GSCTX may be required to report any positive COVID-19 cases to the Texas State Department of Health.

**What is the test?**

Collecting a specimen for testing involves using a swab, similar to a Q-Tip, inside the tip of the nose (not deep into the sinus cavity). Test results will be made available immediately to the parent/legal guardian who signs this form below. Parents/Guardians will be notified by phone before a test is administered and again with the results.

**Permission to test:**

I, as the legal guardian of \_\_\_\_\_ authorize a Girl Scouts of Central Texas representative to conduct COVID-19 nasal swab testing of my Participant. I understand that, as with any medical test, there is the potential for a false positive or false negative COVID-19 test result.

I, the undersigned, have been informed about the test purpose and procedures, and I have received a copy of this Informed Consent.

Printed name of parent or legal guardian: \_\_\_\_\_

Signature of parent or legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

**Annual Parent/Legal Guardian Permission for Sensitive Issues**

During the course of this activity, participants may be exposed to issues and discussions that are, or could be considered to be, of a sensitive or controversial nature. While there is no definitive list of sensitive issues that we can provide, some examples include substance abuse, child abuse, puberty/human sexuality, violence, youth suicide, gender roles and identity, cultural and family values, global citizenship, and religion.

Many of these topics are often brought up between youth in a very casual manner while on the way to or at a Girl Scout activity. When signing the Annual Permission form, parents/legal guardians give permission for the leader/advisor to answer questions or facilitate conversations as they arise informally (only when a member of the troop begins a discussion). Parents/legal guardians also acknowledge responsibility for communicating to the leader about any needs their Participant may have in regard to sensitive topics and of their maturity and ability to participate.

For all planned discussions/activities relating to sensitive issues within the troop, written approval by a parent/legal guardian is required for each Participant. If a participant or their parent/legal guardian wishes to opt out of a discussion or activity, the leader/advisor will acknowledge the Participant's right to opt out of the discussion and be sensitive to their feelings. If the activity fulfills a recognition requirement, the leader/advisor and Participant will discuss an alternate activity that can be done to fulfill the requirement.

In all cases, the leader/advisor will follow GSUSA and Girl Scouts of Central Texas procedures, standards, and practices. This guideline affirms the responsibility of all adults to foster an environment of trust, be sensitive to differing attitudes and strong emotions, ensure age-appropriateness of material, and be non-judgmental.

Either attached or written below is information about the appropriate age-level discussion/activities proposed. Your signature below gives permission for your child to participate with the troop or at the event. This section is to be filled out by troop leader or event organizer.

Discussion/activity date:	Discussion/activity topic:
Discussion/activity facilitator:	
Discussion/activity facilitator training or experience:	
Troop Leader/Advisor name:	Phone:
Email:	
List any content/activities that are considered sensitive or controversial:	
List any action steps the participants will take when the activity is complete, if applicable:	

Parent/Caregiver: Please complete the section below, tear off, and return to Troop/Group Leader/Advisor.

Discussion/activity date:	Discussion/activity topic:
Participant's full name:	Troop #: <span style="float:right">Current grade:</span>
Parent/Legal Guardian name:	Phone:
Email:	
List any content/activities that are considered sensitive or controversial:	
List any action steps the participants will take when the activity is complete, if applicable:	

**Section F6: Tagalong Release of Liability and Indemnification**

This form may be used for children attending the Girl Scout event listed in the form who are non-member children that do not meet the age or gender requirement to participate and WILL NOT be participating in the event (“tagalongs”). Refer to Volunteer Essentials for further information.

**Full Legal Name of Children Attending**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

**Event Information**

Service Unit name: \_\_\_\_\_ Troop #: \_\_\_\_\_

Name of event: \_\_\_\_\_

Location of event: \_\_\_\_\_ Date(s) of event: \_\_\_\_\_

**ACKNOWLEDGEMENT**

I, THE PARENT OR LEGAL GUARDIAN OF PARTICIPANT, SHALL, TO THE FULLEST EXTENT PERMITTED BY LAW, INDEMNIFY, HOLD FREE AND HARMLESS, ASSUME LIABILITY FOR, AND DEFEND GIRL SCOUTS OF CENTRAL TEXAS (“GSCTX”) AND ITS CHARTERED AFFILIATES, AGENTS, SERVANTS, EMPLOYEES, OFFICERS, AND DIRECTORS (COLLECTIVELY, THE “INDEMNITEES”) FROM AND AGAINST ANY AND ALL LIABILITY, LOSSES, DAMAGES, JUDGMENTS, DEMANDS, CAUSES OF ACTION, CLAIMS, ATTORNEYS’ FEES, AND ANY OTHER COSTS OR OBLIGATIONS OF ANY KIND, ARISING OUT OF OR RELATED TO THE EVENT HOSTED BY GSCTX, REGARDLESS OF WHETHER CAUSED IN WHOLE OR IN PART BY ANY NEGLIGENCE, GROSS NEGLIGENCE, STRICT LIABILITY, AND/OR OTHER FAULT OF ONE OR MORE OF THE INDEMNITEES.

I have met all the other conditions for tagalongs as stated in Volunteer Essentials. I acknowledge that I am bringing my child(ren) at my own risk.

Printed name of parent or legal guardian: \_\_\_\_\_

Signature of parent or legal guardian: \_\_\_\_\_ Date signed: \_\_\_\_\_

**Section G1: Supplemental Travel Documents****About Me**

Insert a current color photo of yourself here (not your passport photo):

<b>Favorite color:</b>		<b>Favorite place in the world:</b>	
<b>Favorite snack food:</b>		<b>Favorite thing about myself:</b>	
<b>Favorite dessert:</b>		<b>Favorite/funny quote:</b>	
<b>Favorite main dish:</b>		<b>Biggest pet peeve:</b>	
<b>Favorite TV show:</b>		<b>Coolest thing I have ever done:</b>	
<b>Favorite book:</b>		<b>You know I'm stressed when:</b>	
<b>Favorite hobby:</b>		<b>I relieve stress by:</b>	
<b>Favorite holiday:</b>			



**Section G2: Supplemental Travel Documents**

**About Your Girl Scout Participant**

Please help us get to know your Girl Scout. Feel free to provide additional information you think we should know to keep them healthy and safe on our upcoming trip. This information is confidential for advisors only and will be used, along with the information your Participant provides, to support their healthy and safe adventure.

What are they most looking forward to about this trip?

What are they the most apprehensive about?

How will we know they are stressed out?

What do they do to calm themselves down?

What can we do to help them be their most comfortable self?

Are there any travelers they are most comfortable with in the group or most looking forward to meeting in person?

What else would you like us to know about your Girl Scout?



**Section G3: Participant Behavior Agreement**

Trip Name: \_\_\_\_\_

*Instructions:* Trip leaders add trip specific information into fillable fields. Parent/legal guardian and Participant review agreement and sign in designated spaces.

I understand that my attitude and behavior are critical to my success and to others' success during the Insert Trip Name. Therefore, for the good of all (fellow participants and chaperones), I agree to the following:

1. I will try to be sensitive to the needs of each of my fellow participants and will be respectful of everyone on this trip.
2. I understand that I will be sharing a room with other travelers on this trip. I agree to keep my area clean, keep my belongings in one area, and be respectful of my roommates during this trip.
3. I will respect the places and the people with whom I come in contact. I agree to behave appropriately and will refrain from any inappropriate behavior that would not be acceptable at any Girl Scout function or at school.
4. I will be on time and prepared for all scheduled activities.
5. I will abide by the Girl Scout Law Promise and Law at all times.
6. I will not behave in a manner that would potentially jeopardize my safety or the safety of other travelers or adults on this trip.
7. Bullying of any sort will not be tolerated. I agree that I will not bully other travelers and will report bullying to chaperones if I see it happen.
8. I understand that the use of alcohol, tobacco, or drugs (even those that are legal) will not be tolerated, and that usage during event may cause expulsion from the trip.
9. I will be responsible for my personal belongings and will not hold Girl Scouts of Central Texas or any other individual or organization responsible for the loss or damage due to my negligence or neglect.
10. I agree to sign and abide by the Girl Scout Online Safety Pledge.
11. I understand that rooming while on the trip will be:

12. \_\_\_\_\_

13. \_\_\_\_\_

14. I understand that if I do not abide by the guidelines listed above, the trip chaperones will notify my parents/guardians. I understand that if I am sent home early due to misconduct my parent or legal guardian will need to make the necessary travel arrangements and I will not receive a refund.

Participant's full name: \_\_\_\_\_

Participant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have read, understand, and agree with the above Participant Behavior Agreement.

Parent/legal guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Section G4: Girl Scouts of Central Texas Illness or Injury Policies Agreement Form

Instructions: Trip leaders add trip specific information into fillable fields. Parent/legal guardian and Participant review agreement and sign in designated spaces.

Trip Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/legal guardians and Participants, please carefully review the following information regarding illness and injury policies and COVID-19 mitigation for our Destination. Your signature is required on page #

\_\_\_\_\_ by \_\_\_\_\_.

1. Vaccination

- Girl Scouts strongly recommends that all Participants attending Girl Scout Destinations are fully up to date with vaccinations against COVID-19.

• [Empty box for notes]

2. Pre-travel testing requirement: Before traveling, all Participants, regardless of vaccination status, will be required to test for COVID-19 unless they have recovered from COVID-19 within 90 days of the trip start date. Tests can be one of the following checked options:

- Polymerase chain reaction (PCR) test for COVID-19, taken within 48 hours of the start of the trip: the test should be verified by a laboratory test record, digital certificate, or healthcare record. Results should indicate "negative" or "not detected."
Rapid antigen test, taken within \_\_\_\_\_ hours of the start of the trip: the test should be verified by a laboratory test record, digital certificate, or healthcare record. Results should indicate "negative" or not detected.

[Empty box for notes]

- At home antigen test, taken within \_\_\_\_\_ hours of the start of the trip: results should indicate negative" or "not detected."

[Empty box for notes]

3. Additional testing and/or quarantine during and after the trip - indicated by the following checked options

- Participants may be required to take a COVID-19 rapid antigen test at the following intervals during and after the trip:

- If a Participant develops COVID-19 symptoms, they will be required to take a test.



- If a Participant becomes ill, injured, or tests positive for COVID-19 during the trip or before departure:
  - Chaperones will care for and supervise any Participant who becomes ill, gets injured, or tests positive for COVID-19 for up to \_\_\_\_\_ hours. A parent/legal guardian is expected to arrive to take custody of the Participant within \_\_\_\_\_ hours if the Participant is no longer able to continue on the trip. A parent/legal guardian is expected to travel to our location within this time frame at their own cost; we cannot cover parent/legal guardian travel costs or accommodation costs for required quarantine.

- Girl Scouts of Central Texas will not be able to provide accommodation or supervision of the Participant beyond \_\_\_\_\_ hours.

- In the event of any illness or injury that requires formal admission to a hospital, parent/legal guardian is expected to arrive to take custody of their Participant within \_\_\_\_ hours.

- There will be no trip cost refunds or partial refunds if a traveler has to leave the trip early or quarantine while on the trip.
- If Participants in our group have been exposed to COVID-19:
  - Participants will wear masks at all times, except while eating and sleeping. Participants will perform daily health checks. Participants may be tested for COVID-19 following exposure if they develop symptoms. The above policies will apply if a Participant tests positive for COVID-19.
- Trip leaders may add additional requirements here.

**4. Additional safety information**

- All Participants on the trip must follow all Center for Disease Control (CDC), county, state, and local guidelines for domestic destinations. All Participants must follow all guidelines for traveling to, from, and within a country for international destinations. This may include measures such as additional COVID-19 testing on-site or wearing masks in indoor spaces, regardless of vaccination status.
- Daily health checks: all Participants will self-monitor and verbally report on health status during the trip.

- Participant’s parent/legal guardian must be contactable during the trip in case of serious illness.
- All parent/legal guardian must be available and willing to pick up participant from the airport in the event of an emergency that necessitates an early return home, or from the location of the trip, if a serious emergency requires.
- Trip leaders may add additional requirements here.

**5. Travel booking and insurance**

- Even after final plans are in place, trips are subject to postponement or cancellation up until the trip’s start date, as circumstances may change rapidly. Therefore, all Participants are encouraged to book refundable flight fares, if possible.
- All Participants will be covered by Girl Scouts additional accident and sickness insurance issued by Mutual of Omaha to the limits described, including should they need **medical care** due COVID-19 (i.e. doctor visit or hospital bill). However, this medical insurance policy does not cover travel cancellation, delays, lost luggage, trip interruption, quarantine-related costs, etc.
- Travel insurance is strongly recommended. However, many travel insurance policies may not cover COVID-19-related travel plan changes. For instance, cancellations for “fear of travel” due to COVID-19 will not be covered unless you purchase “cancel for any reason” insurance. “Cancel for any reason” policies are more expensive and must be purchased within a specific timeframe. Be sure you understand what the travel insurance you may purchase covers and does not cover.

**FAQs**

**Why does Girl Scouts strongly recommend vaccination for Destinations participants?**

Girl Scouts follows CDC travel recommendations to ensure the health and safety of all our members. The CDC advises against travel unless fully vaccinated—for both domestic and international travel. Girl Scout Destinations bring together a geographically diverse group of Girl Scouts and therefore involve greater risk of COVID-19 transmission. For example: most Destinations are attended by members from every region of the USA—and even international locations—and the majority of participants travel by airplane to arrive at the Destination location. Finally, our Destinations also take place in many communities within the United States and around the world. As part of our Girl Scout commitment to leaving a place better than we found it, we can help protect these communities by getting fully vaccinated and boosted before we visit.

**Why is Girl Scouts requiring a negative test to enter the Destination?**

Girl Scouts’ primary focus is the safety of our members, and testing is one of the best tools we have to reduce the likelihood of COVID-19 transmission among all travelers.

**What happens if I test positive, or another participant tests positive, for COVID-19 upon arrival or during the trip?**

See above detailed information for each scenario.

**What happens if one of the adult chaperones tests positive for COVID-19 during the trip?**

As a precaution, this trip will be chaperoned with additional adults beyond the typical Girl Scout required safety ratios.

**Additional FAQs**

We have read, understand, and agree with the above information.

Participant's full name: \_\_\_\_\_

Participant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/legal guardian's name: \_\_\_\_\_

Parent/legal guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section G5: Color Copy of Passport** - complete for all international travel programs

In the space below attach a readable color copy of your passport photo and information. We recommend parents/legal guardians also keep a copy for themselves at home.

