

# Travel Packet

## *For Travel Outside of Continental United States*

*TO BE COMPLETED AND ATTACHED TO STANDARD OVERNIGHT GROUP TRIP APPLICATION PACKET  
REQUIRED FOR ALL TRAVEL OUTSIDE THE CONTINENTAL U.S.*

In addition to all required information on the standard Extended Overnight Trip Application, you must submit copies of the following forms. Keep the originals with you on your trip.

- ☐ Roster of Attendees (girl and adult), including full name and age at the time of travel.
- ☐ 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
  - ☐ Girl and Adult participant Passports scanned/copied
  - ☐ Copies sent to Trip Leaders and Emergency Contacts
  - ☐ Trip Leader must carry a copy of each participants passport in either paper form or electronic storage
- ☐ Additional Insurance
  - ☐ International Travel REQUIRES Plan 3PI insurance form with participant's name (first/last and age).
- ☐ STEP Registration with the U.S. State Department
  - ☐ Smart Traveler Enrollment Program (STEP): <https://step.state.gov>
- ☐ Group letter (along with parent consent) provided by NM Trails
  - ☐ Legal names and ages of all travelers for submission of 3PI insurance coverage
- ☐ Verify COVID/health guidelines for destination, including GSUSA's list of approved countries.  
Consider having each adult/girl take a COVID test prior to travel start/end dates.

# Girl Scouts of New Mexico Trails Authorization for Medical Treatment for Minors

## Participating in Travel Outside 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 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:
1.		
2.		
3.		
4.		
5.		

To act in 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 \_\_\_\_\_ (date 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: \_\_\_\_\_

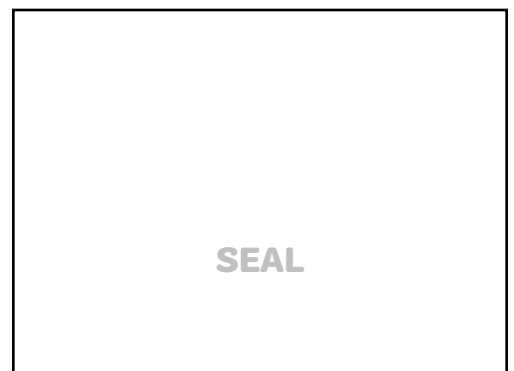
In the state of \_\_\_\_\_ and county of \_\_\_\_\_ on this, the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me personally appeared \_\_\_\_\_ and \_\_\_\_\_ to me known to be the individual, or individuals described in and who executed the within and foregoing instrument, and acknowledged that 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 New Mexico Trails 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:
1.		
2.		
3.		
4.		
5.		

To act in my behalf in authorizing unexpected medical, dental, surgical care and hospitalization for the above named adult during the period from \_\_\_\_\_ (date 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 \_\_\_\_\_ 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 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 \_\_\_\_\_.

**SEAL**

# Girl Scouts of New Mexico Trails 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 his/her parent(s) or guardian(s), both parent(s) or guardian(s) must provide a notarized signed affidavit as outlined.

Both parents or guardians must sign the permission form, which MUST be notarized. If the parents or guardians are not together, parent or guardian consent from both parents or guardians is still necessary. If one parent or guardian is the custodial parent or guardian and 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 parent/guardian to enter \_\_\_\_\_ (country/ies) to participate in an international trip with Girl Scouts for the dates of \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_ .

Names of the responsible adults that will be accompanying the minor:

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

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

SEAL