

Troop Trip Check List

_____ Read pages 49-59 in *Safety-Wise* for complete guidelines, policies and standards from GSUSA regarding travel with a troop.

For FNGS Council:

_____ **Roster** of girls and adults traveling with troop/group attached to Troop Trip Application. (Tip: Photocopy your existing "troop roster" and highlight or add as needed).

_____ **A written itinerary**, including dates, times, names & locations of accommodations/destinations, etc. with phone numbers has been provided to each parent/guardian and the council.

_____ Name, address, day and evening phone numbers for troop's **Emergency At Home Contact** (an adult not traveling with the troop/group) entered on Troop Trip Application and given to each parent.

_____ **Troop Trip Application completely filled out**, turned in, and approved by the Council at least two weeks prior to travel (If traveling more than 30 miles away from normal troop meeting location, or spending three nights or more away from home.)

For Emergency At Home Contact:

_____ **Roster** of girls and adults traveling with the troop, including name of parent/guardian and contact numbers.

_____ **A written itinerary** of trip, including dates, times, names & locations of accommodations/destinations, etc with phone numbers.

For Troop Leader(s) Traveling with Troop:

_____ **Roster** of girls and adults traveling with the troop, including name of parent/guardian and contact numbers.

_____ **A written itinerary** of trip, including dates, times, names and locations of accommodations/destinations, etc. with phone numbers.

_____ **Signed Permission Slips and Medical Information Cards** for each girl. (Note: Medical Information Cards should also be completed for all adults in case of emergency).

For Troop Trips Lasting More Than Two (2) Nights:

Registered Girl Scouts are automatically covered for two nights or less (with a third consecutive night if one of the nights is a holiday) under the current **Basic Insurance Plan**. Trips of more than two nights require additional insurance that is purchased through the FNGS Council office.

_____ Additional insurance has been _____purchased or _____requested.

TROOP TRIP APPLICATION

This form must be completed for all overnights, camping, water activities, any activity or travel more than 30 miles away, or any high adventure or high-risk activities.

Troop trip application must be approved by council 2 weeks in advance of trip. IF YOU ARE GOING TO BE GONE FOR 3 OR MORE NIGHTS, YOU MUST CONTACT THE OFFICE FOR ADDITIONAL INSURANCE.

Leaders Name(s) _____ Troop # _____ Leaders E-mail Address _____

Mailing address _____ City _____ State _____ Zip _____ Daytime Phone/Evening Phone _____

Troop Level: ___ Daisy ___ Brownie ___ Junior ___ Older Girl 11-17

Service Unit _____

Type of Activity—Check all that apply

- ___ Day Trip
 ___ Camping/ Troop trip (2 nights or fewer)
 ___ Camping/ Troop trip (3 nights or more)
 ___ Extended Trip (attach itinerary)
 ___ Other (explain) _____

Planned Activities- Check all that apply

- ___ Swimming
 ___ Horseback Riding
 ___ Backpacking/Hiking
 ___ Down hill skiing/snowboarding
 ___ Snow Tubing
 ___ Boating/Canoeing/Kayaking/rafting
 ___ Sightseeing
 ___ Other (please list) _____

Activities NOT PERMITTED include:

- Snowmachining
- Riding ATV's /Four wheelers
- Hunting
- Trampolining
- Class 5+ rapids
- Go-carts
- Personal watercraft
- Flights in non commercial aircraft (i.e. private planes, hot air balloons, sailplanes)

Attach an itinerary if trip is 3 or more nights, if traveling to more than one location, or if staying overnight in several locations

Dates of Trip: _____

Of Girls Attending: _____ # of Adults Attending: _____

Destination: _____

Address: _____ Phone Number: _____

Qualified First-Aider Attending Trip---Required for ALL trips

Name _____ Phone Number _____

Address _____

Type of Certification _____ Certification expiration date _____
 (Lay Responder, CPR pro, and Work Place FA/CPR)

Emergency Contact Person Back Home

Name _____

Daytime phone _____ Evening Phone _____

Address _____
 (City, State, zip)

Troop needs extra insurance YES NO

Troop purchased extra insurance YES NO

Girl permission slips collected YES NO

