

## 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

