



Girl Scouts of Northern California
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Trip & High-Risk Activity Notification and Approval Form

This form is recommended as a planning tool but is not required for:

- Service Unit activities
- Council sponsored activities in the *Choices* catalog
- Activities where girls walk or ride their own bicycles as part of their regularly scheduled meetings
- Trips that are located within one hour driving time or 60 miles from the regular meeting place, and are less than 6 hours in duration, and are not high-risk

For *all trips* you should always make sure your troop/group emergency contact person has updated information about the trip, girls and drivers.

This form must be completed and filed with service units for the following trips and high-risk activities:

<input type="checkbox"/> Trip farther than one hour driving time or longer than 6 hours in duration but not high-risk	File with service unit at least 2 weeks prior to the activity and give a copy to troop/group emergency contact person.
<input type="checkbox"/> Trip longer than two nights or involving air travel <input type="checkbox"/> High-risk activity	File with service unit at least 4 weeks prior to the activity and give a copy to troop/group emergency contact person.
<input type="checkbox"/> International Trip	File with service unit at least one year prior to the trip and give a copy to troop/group emergency contact person.

Leader Name _____	Phone # _____	E-mail Address _____
Address _____	Troop # _____	<input type="checkbox"/> D <input type="checkbox"/> B <input type="checkbox"/> J <input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> A (Troop Grade Level)
City/State/Zip _____	Service Unit _____	

About the Trip:

Date & Time _____

Destination _____

Mode of Transportation _____

of Girls _____ # of Adults _____ # of non-members _____
(unregistered adults or children)

Briefly Describe Activities: _____

Budget: (Cost of transportation, food, event fee, lodging, etc.)

Complete this section **ONLY** for activities which cost over \$50 per girl or for trips longer than 2 nights.

Total cost \$ _____ Per girl cost \$ _____

Money-Earning Activities (please describe) _____ Approved? _____
 Yes No

_____ Yes No

Amount earned \$ _____

Balance Secured Through: _____

Check forms that have been completed:

- (NOTE: not all of these may be required for your trip/activity)
- | | |
|---|--|
| <input type="checkbox"/> Annual Permission Forms | <input type="checkbox"/> Behavior contracts |
| <input type="checkbox"/> Parent Permission Forms | <input type="checkbox"/> Rental Agreements |
| <input type="checkbox"/> Girl Health History Forms | <input type="checkbox"/> Contract with Facility/Vendor |
| <input type="checkbox"/> Adult Health History Forms | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Non-member insurance | _____ |
| <input type="checkbox"/> Extended trip insurance | _____ |

Check procedures which have been followed:

- A copy of the troop/group roster has been provided to the troop/group emergency contact person
- The name of the troop/group emergency contact person has been provided to the service unit
- All trip adults are aware of the emergency procedures and have council emergency contact information

Special Requirements:

First Aider Required? Yes No

If Yes, Name of Certified First Aider _____

Date of Certificate Expiration _____

Other special adult training or certification needed (Troop Camping Certification, lifeguards, etc)? If so, please provide name, certification information and training dates (use another sheet, if needed).

Emergency Contact Information:

At Home Emergency Contact Name _____

Phone # _____ E-mail _____

