



**Girl Scouts**

Girl Scouts of Northern California with offices in: Chico, Eureka, Fairfield, Oakland, Red Bluff, Redding, San Jose, Santa Rosa, Ukiah & Yreka  
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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<br><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<br>(Troop Grade Level) |
| City/State/Zip _____ | Service Unit _____ |  |

### About the Trip:

Date & Time \_\_\_\_\_

Destination \_\_\_\_\_

Mode of Transportation \_\_\_\_\_

|                  |                   |   |
|------------------|-------------------|---|
| # of Girls _____ | # of Adults _____ | # of non-members<br>(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

