



Girl Scouts of Northern California
 With offices in Chico, Eureka, Fairfield,
 Oakland, Red Bluff, Redding, San Jose,
 Santa Rosa, Ukiah, & Yreka
 T (510) 562-8470 F (510) 633-7925
 www.GirlScoutsNorCal.org
 info@GirlScoutsNorCal.org

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 # | Email 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 _____

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: \$ _____ Cost Per Girl \$ _____

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

_____ Yes No

Amount Earned: \$ _____

Briefly Describe Activities:

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"/> Rental Agreements |
| <input type="checkbox"/> Parent Permission Forms | <input type="checkbox"/> Contract with Facility/ Vendor |
| <input type="checkbox"/> Girl Health History Forms | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Adult Health History Forms | _____ |
| <input type="checkbox"/> Non-member insurance | _____ |
| <input type="checkbox"/> Extended trip insurance | _____ |
| <input type="checkbox"/> Behavior contracts | _____ |

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 _____

Trip Planning Information (Group Roster & Driver Information)

GSNC recommends that all troop leaders maintain current driver information and girl rosters on an ongoing basis. Girl rosters and driver information **must be provided to service units as part of the approval process for trips and high risk activities requiring service unit or council approval.**

Group Roster

Please attach a troop/group roster and indicate which girls and adults will attend. In your roster please include:

- Girl names with parents' phone numbers during the trip
- Adult names and indicate role of each adult attending (leader, chaperone, first aider, driver, etc.)
- Emergency contacts for all girls and adults attending

Note: File this Trip & High-Risk Notification and Approval Form by due date even if attendance roster is not yet finalized. Notify service unit of any changes in the roster later, if necessary.

Driver Information

For each driver, please list their full name, driver's license expiration date, and expiration date on proof of insurance card.

| Drivers' Name | Drivers' License Expiration Date | Drivers' Insurance Expiration Date |
|---------------|----------------------------------|------------------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

For Service Unit Use Only

Approved By _____
Service Unit Trip Coordinator/Team Member

CDD Name _____

For Council Office Use Only

Received _____

Approved By _____

Confirmation _____