



## Trip or High-Risk Approval Form

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

- Trips that are located within 60 miles from the regular meeting place, and are less than six 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 submitted to service units for the following trips and high-adventure activities:**

- Trip farther 60 miles or longer than 6 hours in duration but NOT high-risk:**  
Trip requires approval from your service unit at least 2 weeks in advance. Submit to your service unit contact and give a copy to troop/group emergency contact person.
- Trip of three nights or longer or involving air travel:** Extended travel requires approval from your Service Unit and the Council. Submit initial form with service unit 3-6 months in advance of the activity. Service Unit will forward to the Council staff for approval at **DBolotin@girlscoutscoc.org**. Final forms (including updates and final roster) submitted with the council at least 6 weeks prior to the activity.
- High-risk activity:** Activity requires approval from Council. Submit form to service unit 3 months in advance to get vendor approved. Give a copy to troop/group emergency contact person. Service unit will forward to the Council staff for approval.
- International Trip:** Activity requires approval from Council. Submit with service unit at least one to two year prior to the activity and again with updated information 6 months prior. Service Unit will forward to the Council staff for approval

### Troop #

### Application Date:

Troop Volunteer Name	Daytime/Cell Phone#	Email Address
Address	Troop #	Troop Grade Level <input type="checkbox"/> D <input type="checkbox"/> B <input type="checkbox"/> J <input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> A
City/State/Zip	Service Unit #	Service Unit Name:

### About the Trip:

Departure Date & Time of trip:	Returning Date & Time of trip:	
Destination	Details (vendors, facility, and/or location)	
Mode of Transportation		
# of Registered Girls Attending:	# of Registered Adults Attending:	# of Non-Members (unregistered adults/children:)

**Briefly Describe Activities**

**Special Requirements:** \*\* Please refer to Safety Activity Checkpoints found online.

**\*\*First Aider Required must be present at all events and activities.**

Name of Certified First Aider:	Date Certification Expires:
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**Other special adult training or certification required (Troop Camping Certification, lifeguards, Extended Travel Training, etc.)? If so please provide name, certification information and training dates (use another sheet, if needed).**

<p><b>Checklist:</b> (NOTE: not all of these may be required for your trip/activity)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Annual Permission Forms</li> <li><input type="checkbox"/> Parent Permission Forms</li> <li><input type="checkbox"/> Girl Health History Forms</li> <li><input type="checkbox"/> Adult Health History Forms</li> <li><input type="checkbox"/> Non-member insurance</li> <li><input type="checkbox"/> Behavior contracts</li> <li><input type="checkbox"/> Rental Agreements</li> <li><input type="checkbox"/> Contract with Facility/Vendor</li> <li><input type="checkbox"/> Troop Driver Information Form</li> <li><input type="checkbox"/> Extended trip Insurance</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> All trip adults are aware of the emergency procedures and have council emergency procedures</li> <li><input type="checkbox"/> Reference High Risk Activities section in the Council web-page to determine if activity is council approved.</li> <li><input type="checkbox"/> If activity is council approved and considered High Risk, verify with council that it is on file on the Approved Vendor List.</li> <li><input type="checkbox"/> First aider; adult training and certification requirements confirmed</li> </ul>
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# Girl Scouts of California's Central Coast

A copy of the troop/group roster has been provided to the troop/group emergency contact person.

## Emergency Contact Information:

Nearest Hospital, urgent care center:

Full Name:	Phone#:	Email Address:
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## Trip Planning Information:

Girl Scouts CCC 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 notification process for trips and high-adventure activities requiring service unit or council approval.

## Roster:

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

- Girl names with parents' phone numbers during the activity
- Adult names and indicate role of each adult attending (leader, chaperone, first aider, driver, etc)
- Emergency contacts for all girls and adults attending
- Drivers' name, drivers' license expiration date, Drivers' insurance expiration date
- List of sleeping arrangements (if trip is overnight)

**Please Note: File this Trip or High-Risk Form by the due date even if attendance is not yet finalized. Notify the service unit of any changes to the roster later, if necessary.**

## Troop Adult Volunteer Statement of Compliance:

- GSUSA Safety Activity Checkpoints, GSUSA and Council health, safety and emergency procedures have been reviewed and are being adhered to as defined in Council Resource Guide: Volunteer Essentials and Travel Appendix.
- All drivers for these activities are properly licensed and all vehicles are registered, insured, maintained and have a seat and seat belt for every passenger.
- Parents/guardians are informed of the trip activities, safety and emergency procedures, and contact information.
- Appropriate permissions have been obtained for each girl including Health History.
- Our group/troop will conduct ourselves at all times in a positive manner while representing Girl Scouts.
- **I understand providing misinformation could result in the trip not being covered by Girl Scout Activity Insurance and could increase personal liability.**

I \_\_\_\_\_ Acknowledge and agree to the above statements

For Service Unit Use Only (To be filled out by authorized SU Rep)		For Council Use Only (To be filled out by Council staff)	
Received By:	Date:	Received by:	Date:
Approved By:	Date:	Approved by:	Date:
Date Sent to Council for Approval:		Date Confirmation Email Sent:	