

Traveling with Girl Scouts

Girl Scouts love to travel! From the field trips to global adventures, girls can experience all that our country has to offer - whether they're "blasting off" at Space Camp in Alabama, taking in a Broadway show in New York City, or visiting the birthplace of Girl Scouts' founder, Juliette Gordon Low, in Savannah, Georgia.

Girl Scout travel experiences are built upon a progression of activities and the girl-led process. Girls at each grade level can be involved in planning their trip and will learn from the experiences they share in traveling. Troops are encouraged to follow the troop travel progression process together:

Tier 1	Tier 1 trips are short trips around your local area that may take place during regular troop meeting times. Examples include: a walk to a local park, a visit to the fire department, or a short ride to a grocery store.
Tier 2	Tier 2 trips are all-day trips to nearby points of interest such as a wildlife center or council day program. To keep it girl-led, girls should select the location and do trip planning (cost, what to bring, what they want to learn about). Through Tier 2 day trips, girls can experience travel without being too far from home or staying overnight.
Tier 3	<p>Tier 3 trips are short overnight trips that include one or two nights and are less than 4 hours away. These trips may be to a nearby city, museum overnight, or camporee, and are an opportunity for girls to learn how to plan longer trips without being so far away that they get homesick.</p> <p>Please Note:</p> <ul style="list-style-type: none"> • A "Parent/guardian and Me Trip" can be part of Tier 3 progression with the goal of girls becoming comfortable traveling with their troop as an independent group. • Daisies can participate in overnights if they have had trip progression and are comfortable traveling with their troop.
Tier 4 Juniors and older girls	<p>Tier 4 trips are longer overnight trips that include three or more nights and/or are over 4 hours away. Tier 4 travel is planned by the girls with leaders' guidance. Girls plan their lodging, transportation, itinerary, and a budget based on financial goals they have set as part of product sales and additional money earners. These trips are unique to the Girl Scout experience and not typically something girls could otherwise do with their family. Submit extended trip paperwork 4-6 months prior to the trip.</p> <p>Please Note:</p> <ul style="list-style-type: none"> • Only the number of adult leaders/chaperones needed to follow girl/adult ratios or are required to meet transportation needs (i.e. relief drivers) should be traveling with the troop.
Tier 5 Cadettes and older girls	<p>Tier 5 trips are international trips that allow girls to travel around the world. International travel often requires two years of preparation to allow girls sufficient time to organize the required paperwork and health requirements to travel to the country they choose. Parental support is vital to enabling the girls to make their trip happen as a troop experience. Submit extended trip paperwork at least one year prior to international travel.</p>

Travel Paperwork and Adult Requirements

This table gives leaders an overview of the travel requirements associated with each tier. For all activities, be sure to follow girl/adult ratios and check Safety Activity Checkpoints. If you have questions, please contact customercare@girlscoutsgwm.org or call 1-888-474-9686.

Tier Levels	Forms Needed	Insurance Required	Adult Requirements	Training Required
Tier 1	<ul style="list-style-type: none"> • Troop Activity and Quick Trip Checklist • Annual Permission Slip 	Plan 2 insurance (If non-Girl Scout members are participating.)	Adults counted in girl/adult ratios must have completed the Volunteer Process.	CPR/First aid is not required provided adults present have a working phone and can call emergency services if needed.
Tier 2	<ul style="list-style-type: none"> • Troop Activity and Quick Trip Checklist • Annual Permission Slip 	Plan 2 insurance (If non-Girl Scout members are participating.)	Adults counted in girl/adult ratios must have completed the Volunteer Process.	CPR/First aid
Tier 3	<ul style="list-style-type: none"> • Troop Activity and Quick Trip Checklist • Annual or Single Event Permission Slip 	Plan 2 insurance (If non-Girl Scout members are participating.)	Adults attending must have completed the Volunteer Process.	<ul style="list-style-type: none"> • CPR/First aid • Outdoor skills if applicable
Tier 4 Domestic Extended Trip	<ul style="list-style-type: none"> • Domestic Trip Checklist • Intent to Travel Form (must be submitted 4-6 months prior to travel*) • Single Event Permission Slip • Annual Health Form 	Plan 3E insurance (Form will be given on final trip approval.)	Adults attending must have completed the Volunteer Process.	<ul style="list-style-type: none"> • CPR/First aid • Outdoor skills if applicable
Tier 5 International Extended Trip	<ul style="list-style-type: none"> • International Trip Checklist • Intent to Travel Form (must be submitted 1 year prior to travel*) • Single Event Permission Slip • Notarized Health Form • Notarized permission to travel 	Plan 3PI insurance (Form will be given on final trip approval.)	Adults attending must have completed the Volunteer Process.	<ul style="list-style-type: none"> • CPR/First aid • Outdoor skills if applicable

* Provisional approval (or denial) will be sent after your Preliminary Permission for Extended Trip form has been received and reviewed by GSGWM staff. Many things affect whether or not a trip is approved by Girl Scouts. As the trip date gets closer and the girls have more details, plans are confirmed, and updated information is sent to the GSGWM or Customer Care, final approval can be given. A Final Approval letter will be sent to the troop along with an application form with instructions for additional travel insurance and a Troop Trip Report form.

Troop Travel Basics

Money Earning

Earnings from the Fall Product and Cookie Product programs can fund the majority of the trips girls want to do. Girls can also participate in additional money-earning activities to cover travel expenses for Tier 3 trips and beyond, provided that these activities do not take place during the Fall Product and Cookie sale dates. Any additional money-earning activity outside of product sales requires troops to submit a Troop/Group Money-Earning Request Form (found in the [Troop Packet](#) and on our website at girlscoutsgwm.org) to their Community Accounting Coordinator (CAC) and/or GSGWM for approval *at least 4 weeks prior to the activity*. Please remember, all money-earning activities require girls to provide a good or service to earn funds. Please refer to page 4 of the Troop/Group Money Earning Request form for further details.

Budgeting

Since all troop funds belong to all girls in the troop, girls should work together as a group to decide how best to spend the troop funds. When budgeting for their trip, girls should set financial goals based on what they want to do, and may need to adjust their goals or plan more money-earning activities if there are not enough funds available. If a troop is doing a Tier 4 or 5 trip and not all girls will be participating, the girls who are traveling may do additional money earning to pay for the trip. Remember, all troop funds are always kept in one troop bank account.

Family Contributions

If the girls decide to have families contribute to the cost of the trip (especially for Tier 4 and 5 travel), girls can set up a monthly payment plan. All funds will be held in the troop account, although girls should also track family contributions on a separate spreadsheet. Families should contribute no more than 1/3 the cost of the trip.

Activities

Activities are girl-led and involve all girls who are participating in the trip. Girls and volunteers should familiarize themselves with the trip itinerary. Be sure to include time for snacks and drinks, and for longer trips, add some down time for girls to gather and reflect on how the trip is going. Additionally:

- Follow the Safety Activity Checkpoints
- Have a signed parent permission slip form (either Annual or Single Event) and a current Health History Form for each girl. These forms should be kept with the troop at all times, and additional copies of these forms should also be kept in each driver's vehicle.
- Always have a Troop First Aid Kit
- Have Certificates of Insurance on file for destinations for the following activities:
 - Rental of facility or services (e.g. rental of church hall, campground, skating rink)
 - Contracted services (e.g. rental of school bus, contracted specialist)
 - High-risk activities (e.g. visit to riding facility, rock climbing, rafting, any activities requiring waivers)

Transportation

Follow all council Policies and Procedures when traveling with girls, available at girlscoutsgwm.org. For additional information on travel, please review Girl Scout Guide to US Travel, or call council and ask to speak to a staff member about travel.

Transportation basics to always follow:

- If traveling by car, adhere to state laws and safe-driving practices at all times.
- When renting a van, vans must be 12 passengers or less; 15-passenger vans are prohibited.
- Drivers *must be registered volunteers* who are approved to drive by council. They will have provided proof of a valid driver's license, proof of liability insurance with bodily injury, and property damage insurance limits of coverage of at least \$100,000/\$300,000 bodily injury and \$50,000 property as part of their application process.
- Drivers must have in her/his possession a signed parent/guardian permission form for each girl in their vehicle.
- Troops traveling in one or more vehicles must include a minimum of one relief driver for trips over 200 miles one way.

Please note, for Tier 4 and 5 travel:

- Troops must have provisional trip approval before purchasing transportation tickets (flights, train, bus, etc.).

Rooms and Lodging

During any overnight trip, sleeping arrangements must be as follows:

- Under no circumstances may one adult and one girl share a bed, regardless of family relationship.
- It is required that each girl has their own "sleep sack" (a full or queen sheet that is sewn up at the bottom and side to make a sack) or sleeping bag to provide individual sleeping space if two girls are going to share a bed.
- Men must have separate sleeping and bathroom facilities from the girls.
- If needed, female adults may share sleeping accommodations with Daisy and Brownie Girl Scouts.
- If adults will be sleeping in the same space as girls, there must always be two approved, unrelated, female volunteers present.
- Whenever possible, Junior or older Girl Scouts should have sleeping accommodations separate from the adults.
- It is not appropriate or permitted to have dependent children of troop leaders/chaperones or siblings of troop members on the trip unless they are registered Girl Scout troop members.
- If girls will be using the pool at a location, you must have a lifeguard present and follow Safety Activity Checkpoints for swimming.

Personal Conduct on Trips

Girls and adults should review council policies and the Volunteer Essentials for travel, including appropriate behavior and their responsibilities as travelers. They may want to create a behavior contract that everyone agrees to and signs. For additional support in creating a behavior contract, contact Customer Care at 888-474-9686 or customercare@girlscoutsgwm.org. Additionally, be sure to:

- Have a safety plan while traveling, including using public transportation, restrooms, public places, and know what to do in case of an emergency.
- Teach girls to count off. Have a copy of your troop roster and assign each girl a number. Have the girls call out their numbers in order when you shout “count off.” Give girls time to practice the counting off process.
- Assign all girls a buddy. Buddies are responsible for staying together and making sure they stay with the group.
- Make sure all participants have a packing list of what they need and what is not acceptable to bring on the trip. All girls and adults must be able to carry their own luggage and equipment.

Council Support

Our council staff is here to support your girls in planning their trip experiences. Please contact our Customer Care team at customercare@girlscoutsgwm.org or 888-474-9686 so staff can support your troop travel plans.

For Tier 4 and 5 trips, plans will change as girls make decisions and adjust their budget. Continue to work with council staff throughout the process as girls change their plans. When final approval is given for Tier 4 and 5 trips, the troop will receive any necessary insurance forms, an extended trip report to be filled out by the girls and leaders, and any additional information needed for the trip.

APPENDIX

Troop Activity and Quick Trip Checklist – for Tier 1-3 trips.

Domestic Timeline – for Tier 4 trips

International Timeline – for Tier 5 trips

Intent to Travel Form – for Tier 4 & 5 trips

Troop checklist – for Tier 4 & 5 trips

Trip Budget form – required for Tier 4 & 5 trips, but helpful for any troop budgeting for a trip

Parent meeting – helpful for any trip that requires planning

Sample Participant Code of Conduct – helpful for any trip

Girl Health form – for Tier 5 trips

Adult Health form – for Tier 5 trips

Troop Activity and Quick Trip Checklist

Please use this checklist to ensure you are adhering to all council policies and guidelines regarding Troop Trips and Activities that will last two nights or less and/or are less than 4 hours away. If you are taking a trip that is more than 2 nights and/or outside New England or New York, you must complete an Extended Trip Form. The forms referenced in this checklist can all be found on girlscoutsgwm.org

- Determine your destination and the date/time by discussing with your troop.

- Refer to the [Safety and Activity Checkpoints](#) for any activity you are interested in doing with your troop. This can be found on our website, under Volunteers.
 - The checkpoints will help you determine if an activity is appropriate for your girls and also the guidelines you should adhere to when having girls participate in this activity.
 - If you do not see an activity on the checkpoints, check with the council office before making plans with the girls.
 - There are **some activities that require written approval from the council and are only for girls 12 and over** which are listed on the [Safety and Activity Checkpoints](#) page.
 - Also, there is a **list of activities that girls are never allowed to participate** in and they can be found on the Safety and Activity Checkpoints page as well.

- Ensure you have the proper adult/girl ratio for the activity and determine if the adults attending have the proper training required for the activity. *Take only the number of adults that are required to attend per adult/girl ratios or are required to meet transportation needs (i.e. relief drivers).*
 - You will find the adult/girl ratios for troops as well as training requirements for adults in the [Volunteer Essentials manual](#) on our website.
 - You can check the status of the adults in your troop using the TROOP tab under your Member Profile section of MY GS. If you still have questions, please contact Customer Care.

- Obtain Parent Permission for the activity.
 - If your troop uses the [Annual Permission Form](#), please ensure that this activity is one that is appropriate for the use of that form. If not, ensure that all parents/guardians complete the Single Event Permission Form.

- If the activity is one that is for families, ensure that you have enough trained adults attending to meet ratios.
 - **For Day Events:** If there are unregistered people attending your activity or event, the troop will need to purchase supplemental insurance to cover them.
 - **For Overnight Events:** Always refer to current [Policies and Procedures](#) for adult requirements.
 - Supplemental Insurance forms are on the website as the [Plan 2 Enrollment Forms](#).

Does your activity involve a rental agreement?

- If the rental agreement/contract has the words “holds harmless” included, this will need to be reviewed and signed by the GSGWM council CEO.
- If you are unsure if your agreement will require the CEO’s signature, contact Customer Care .

Does your activity require a Certificate of Insurance?

- There are locations that we require a Certificate of Insurance on file before girls/troops can participate in activities there.
- Check [Policies and Procedures](#) for a list of activities that require a Certificate of Insurance on file.

Have all drivers completed the necessary requirements based on our GSGWM Volunteer Policies and Procedures?

- All drivers must be registered and have completed the GSGWM volunteer process, including a background check and GS101.
- Ensure that all drivers have liability insurance and refer to the Transporting Girls portion of our [Policies and Procedures](#) for requirements.

Activities/Trips to a residence or private property.

- If your troop is taking a trip or doing an activity to someone’s private residence or property, you will need to:
 - Complete a Home Inspection checklist. Please contact Customer Care to request a Home Inspection Checklist.
 - All persons residing in the home that are 18 or older must complete a background check.
 - The home/property owner must provide a copy of their homeowner’s insurance to the council.

Ensure that you have all signed permission forms, health history forms, first aid kit, Crisis Communication information, and any other items you may need specific to your trip.

This checklist is a guide when planning trips/activities with your troop to ensure you have what you need and understand the guidelines regarding the particular activity you and your troop will participate in. This is to ensure the safety and wellbeing of all attending.

Have questions or need assistance with a task on this checklist? Contact Customer Care at customercare@girlscoutsgwm.org or 888-474-9686.

Timeline for Domestic Extended Trips

Any trip that is longer than 2 nights and/or is outside New England or New York is considered an extended trip.

Step 1 - Four to six months prior to the trip:

- _____ [Intent to travel form](#): This must be turned in at least 4-6 months prior to the trip. Trip paperwork not turned in 4-6 months prior to the trip may be denied.
- _____ Chaperones: All adults need to start the process of becoming an approved chaperone. At least 2 adults must have completed the process to become a troop leader (registered as members and completed the GSGWM volunteer process including current background check and GS101).
- _____ CPR/First Aid: At least one adult must be CPR/First Aid certified on the trip dates.
- _____ Complete the [Checklist for Troops Going on an Extended Trip](#)
- _____ Ensure all activities follow [Girl Scout Safety Activity Checkpoints](#).
- _____ Money Earners: Discuss with girls how they will earn money for the trip. Fall Product, Cookie, and money-earning activities need to be part of the budget. No more than 1/3 of the cost of the trip should be asked of girls and/or their families.
- _____ Itinerary: Girls start to plan a tentative itinerary, including travel plans, lodging, accommodations, and activities.
- _____ Parent Information Meeting: Hold a parent meeting to make sure parents are informed of the troop's plans and share as much as you know about the trip at this point. It is extremely important that parents understand the planning, money earning, and expected behaviors from the beginning. Use the [Planning Your Parent Meeting](#) form as a guide.

Step 2 - Four to six weeks prior to the trip:

- _____ Itinerary: Submit a detailed itinerary that includes travel arrangements, lodging (with contact information), and a schedule of daily activities.
- _____ Lodging: Please refer to Safety Activity Checkpoints for utilizing AirBnB, VRBO, or Homeaway. If you will be lodging at a campground, you must provide a Certificate of Insurance for the location.
- _____ Budget: Submit a detailed budget that includes money earned and how funds will be used to pay for the trip. Use the [Troop Budget Worksheet](#) as a guide.
- _____ Participant List & Emergency Contacts: Submit a list of all participants and emergency contact information.
- _____ CPR/First Aid: Submit copies of CPR/First Aid certification.
- _____ Insurance: Check Safety Activity Checkpoints and Council Policies and Procedures in the Troop Packet to determine if you will need a Certificate of Insurance for your planned activities. Contact GSGWM for assistance on activities you're not sure about.

Step 3 - Two to three weeks prior to the trip:

- _____ Insurance: Completed 3P travel insurance with payment sent to the GSGWM Bedford office. Form will be sent to the troop leader with final approval paperwork.
- _____ Changes/Updates: Submit any changes to information already sent.

Step 4 - Two weeks after the trip

- _____ Final Report: Submit a final report to the GSGWM Bedford office. Troops will receive this with final approval paperwork.

Timeline for International Extended Trips

Any trip that is outside of the United States and requires documentation to enter another country is considered an international trip.

Step 1 - At least one year prior to the trip:

- _____ [Intent to Travel form](#): This must be submitted *at least one year prior* to the trip. Intent to Travel paperwork not turned at least a year prior may be denied.
- _____ Chaperones: All adults must have completed the volunteer process including becoming a registered Girl Scout, completing the background check process, and GS101.
- _____ CPR/First Aid: At least one adult must be CPR/First Aid certified on the trip dates.
- _____ Complete the [Checklist for Troops Going on an Extended Trip](#)
- _____ Activities: Ensure all activities follow [Girl Scout Safety Activity Checkpoints](#)
- _____ Money Earners: Discuss with the girls how they will earn money for the trip. Fall Product, Cookie and money-earning activities need to be part of the budget. It is recommended that no more than 1/3 of the cost of the trip should be asked of girls and/or their families.
- _____ Itinerary: Girls start to plan a tentative itinerary, including travel plans, lodging, accommodations, and activities.
- _____ Parent Information Meeting: Hold a parent meeting to make sure parents are informed of the troop's plans and share as much as you know about the trip at this point. It is extremely important that parents understand the planning, money earning, and expected behaviors from the beginning. Use the [Planning Your Parent Meeting](#) form as a guide.
- _____ International Documents: Make sure girls and parents are aware of what is needed to travel internationally (passport, visa, notarized consent to travel form, and health forms). For more information, visit the [U.S. Department of State website](#).

Step 2 - Six months prior to the trip:

- _____ International Documents: Ensure all adults and girls have proper documentation to travel outside of the USA.
- _____ Parental Permission: Remind all participants they must have written notarized parental permission from parents/guardians to leave the country.

Step 3 - Four to six weeks prior to the trip:

- _____ Itinerary: Submit a detailed itinerary that includes travel arrangements, lodging (with contact information), and a schedule of daily activities.
- _____ Lodging: Please refer to Safety Activity Checkpoints for utilizing AirBnB, VRBO, or Homeaway. If you will be lodging at a campground, you must provide a Certificate of Insurance for the location.
- _____ Budget: Submit a detailed budget that includes money earned and how funds will be used to pay for the trip. Use the [Troop Budget Worksheet](#) as a guide.
- _____ Participant List & Emergency Contacts: Submit a list of all participants with emergency contacts that will not be on the trip.
- _____ CPR/First Aid: Submit copies of CPR/First Aid certification.

_____ Insurance: Check Safety Activity Checkpoints and Council Policies and Procedures in the Troop Packet to determine if you will need a Certificate of Insurance for your planned activities. Contact GSGWM for assistance on activities you're not sure about.

Step 3 - Two to three weeks prior to the trip:

_____ Insurance: Completed 3PI travel insurance with payment sent to the GSGWM Bedford office. Form will be sent to the troop leader with final approval paperwork.

_____ Changes/Updates: Submit any changes to information already sent.

Step 4 - Two weeks after the trip

_____ Final Report: Submit a final report to the GSGWM Bedford office. Troops will receive this with final approval paperwork.



Intent to Travel for an Extended Trip

This form is due 4 - 6 months prior to travel dates for domestic travel and one year prior to travel dates for international travel.
 You will be notified of the status of your request within 10 business days of receipt of your request.

Today's Date: _____ Troop Number: _____ Community Number: _____

Leader Name: _____

Address: _____ City: _____ ST: _____ ZIP: _____

Day Phone: (____) _____ Alt. Phone: _____ Email: _____

Trip Destination: _____ Estimated Trip Dates: _____

Troop age level: _____ # Girls: _____ # Adults: _____

Finances:

Estimated Trip Cost	
Lodging	
Transportation	
Activities	
Food	
Insurance (.29 per person per day for domestic trips, \$1.17 per person per day for international trips)	
Emergency Fund	
Total Estimated Cost	
Amount Saved to Date	
Total Still needed for Trip	

Adult Chaperones (include all adults attending trip).

Name	Role (ie: Trip leader, Assistant, CPR/First Aid)

Submit the Checklist for Troops going on an Extended Trip form with this form.



Checklist for Troops Going on an Extended Trip

Submit with initial trip paperwork 4-6 months prior to a domestic trip and 1 year prior to international travel.

To be completed by the girls:

Share how you decided to go on an extended trip:

How did your troop choose your destination?

Share how you plan to earn the funds to pay for your trip:

Are all the girls in your troop planning on attending this trip? If not, why, and what will you do to include them in troop activities?

Have you discussed how you will include girls who join your troop during the planning process?

What do you hope to learn from taking this trip?

To be completed by adults and/or girls:

Share examples of how this trip is supporting the three processes of Girl Scouts:

Girl-Led

Learning by Doing

Cooperative Learning

Share other trips that girls have planned and implemented that helped them progress to this trip:

Have the girls checked Safety Activity Checkpoints for activities they would like to do while on this trip?

How were decisions made on which adults would chaperone this trip?

When did you hold your parent meeting to share this trip with parents? Are there any issues we should know about?



Troop Trip Budget Worksheet

This form must be submitted at least 4-6 weeks prior to the trip and resubmitted if the budget changes.

EXPENSES

Food

_____ days X \$ _____ per breakfast X _____ (_____ Girls + _____ Adults) = \$ _____
 _____ days X \$ _____ per lunch X _____ (_____ Girls + _____ Adults) = \$ _____
 _____ days X \$ _____ per supper X _____ (_____ Girls + _____ Adults) = \$ _____
 _____ days X \$ _____ per snack X _____ (_____ Girls + _____ Adults) = \$ _____
Total Food Cost = \$ _____

Lodging

1st location _____ nights X \$ _____ per room X _____ rooms = \$ _____
 2nd location _____ nights X \$ _____ per room X _____ rooms = \$ _____
 3rd location _____ nights X \$ _____ per room X _____ rooms = \$ _____
Total Lodging Cost = \$ _____

Travel

Air, Charter Bus* or Train: \$ _____ per person X _____ # Girls + Adults = \$ _____
 Lease Van*: \$ _____ per day X _____ Days X _____ Vans = \$ _____
 Gasoline: \$ _____ per mile X _____ miles X _____ Cars = \$ _____
Total Travel Cost = \$ _____

**For rental agreements that need to be signed, if anywhere in the contract/agreements the words "holds harmless" are included, this will need to be reviewed and signed by the GSGWM CEO. If you are unsure about if an agreement needs to be reviewed and signed by our CEO, please contact Customer Care at 888-474-9686 or customercare@girlscoutgwm.org.*

Program Activities (add additional sheet if necessary)

Date _____ activity/entry fee #1 \$ _____ + activity/entry fee #2 \$ _____ = \$ _____
 Date _____ activity/entry fee #1 \$ _____ + activity/entry fee #2 \$ _____ = \$ _____
 Date _____ activity/entry fee #1 \$ _____ + activity/entry fee #2 \$ _____ = \$ _____
 Date _____ activity/entry fee #1 \$ _____ + activity/entry fee #2 \$ _____ = \$ _____
 Date _____ activity/entry fee #1 \$ _____ + activity/entry fee #2 \$ _____ = \$ _____
Total Activity Cost = \$ _____

Insurance

There is a minimum insurance charge of \$5 per trip. Additional Girl Scout Activity Insurance is \$0.29 pp/per day for domestic trips and \$1.17 pp/per day for international trips.

_____ # Girls + Adults X _____ # days X _____ cost of chosen plan per person = \$ _____

Other Insurance Costs (travel, liability, etc.): \$ _____

Liability Insurance should be carried by both transportation and activity providers. "Travel" Insurance option is offered by some travel agencies and airlines.

Total Insurance Cost = \$ _____

Equipment Rental (i.e. bicycles, canoes, etc.)

_____	_____	X _____ days	X	\$ _____	Per _____	= \$ _____
_____	_____	X _____ days	X	\$ _____	Per _____	= \$ _____
_____	_____	X _____ days	X	\$ _____	Per _____	= \$ _____
_____	_____	X _____ days	X	\$ _____	Per _____	= \$ _____
_____	_____	X _____ days	X	\$ _____	Per _____	= \$ _____
Total Equipment Cost						= \$ _____

Supplies & Miscellaneous Costs (first aid supplies, etc.)

_____	= \$ _____
_____	= \$ _____
_____	= \$ _____
_____	= \$ _____
Total Supplies and Miscellaneous Costs = \$ _____	

Add Total Expenses	
Food	
Lodging	
Travel	
Program Activities	
Insurance	
Equipment Rental	
Supplies/Miscellaneous	
Emergency Fund (plan for at least 10% of total expenses)	
Total Expenses:	

INCOME (Over 1, 2, 3, or 4 years)

Troop Dues	\$ _____	X _____ years	= \$ _____
Cookie Sale Earnings	\$ _____	X _____ years	= \$ _____
Fall Product Earnings	\$ _____	X _____ years	= \$ _____
Troop Money-Earning Project #1 _____		(Year # _____)	= \$ _____
Troop Money-Earning Project #2 _____		(Year # _____)	= \$ _____
Troop Money-Earning Project #3 _____		(Year # _____)	= \$ _____
Other: _____			= \$ _____
Parents/Guardians (discussed with or agreed upon with parents/guardians)*			= \$ _____
Girls' Contributions (varies)*			= \$ _____
Total Income			= \$ _____

** Should not exceed 1/3 of the cost per person for the trip.*

Plans for extra funds or how the difference in funds will be earned:

Planning and Holding a Parent Meeting for an Extended Trip

Involving Parents in the Planning Process

Keeping parents/guardians well informed and involved when planning a trip helps build parental support and ensures clear communication and understanding of expectations. These meetings should go over trip details such as financing (money earning/family contributions), itineraries, scheduling, and behavioral expectations. Leaders, be prepared to answer all parent/guardian questions regarding the trip at this time.

Suggestions to Build Parents' Support:

- Parent meetings about the trip can be scheduled at the end of a troop meeting (set aside at least 30 minutes), or during specific trip meetings.
- Have girls share how they made the decision to take this trip and what they plan to learn from taking this trip.
- Be sure to discuss all the necessary paperwork, including parent permission slips, and if it is an international trip, the documents girls will need for travel (passport, visa, notarized letter, immunizations, etc.).
- Ensure parents that you'll regularly communicate before and during the trip. Decide as a group the best method to communicate trip updates to families (email, phone, Facebook group, etc.).
- Some parents may want to participate in the trip to help with girl/adult ratio and driving, which is great! However, only the number of adults needed to meet the girl/adult ratio and/or drivers are required. This is to ensure the trip is a true Girl Scout experience where girls can travel together as a troop. All chaperones/drivers will need to follow the GSGWM volunteer process defined in [Policies and Procedures](#).
- Use the "Checklist for the Troop Trip Parent Meeting" as a guideline to be sure you cover all discussion points.

Checklist for the Troop Trip Parent Meeting

Itinerary

- Girl-planned
- Parent participation and parent expectations

Trip Expenses

- Budget
- Troop money-earning activities
- Personal money

Transportation

- Travel Methods (car, bus, plane, train)
- Route to get there
- Drivers needed

Permission Forms

- Parent permission form
- Current Health History form
- International travel form for minors

Standards for Behavior

- Troop decides on girls' code of conduct and all participants/parents need to agree to expectations and consequences - see sample form for ideas

Packing lists and Luggage Limitations

- What is/isn't appropriate to bring
- Cost of additional luggage when flying

Emergency Procedures

- Emergency contact person for each participant
- Emergency return home before trip completion

Due Dates

- Payments for girl/family contributions
- Forms

Communication during trip

- Cell phone use
- Calling/phone tree

Sample Participant Code of Conduct

(*This is a sample, please modify for your troop's trip with input from troop members*)

Participant Name _____ Date _____

Destination _____ Trip dates _____

Participant Agreement

1. I am planning to participate in the extended trip described above. I understand that, as a troop, we agreed to participate in money earning activities and family contributions:
List money earners planned _____

Family/Girl Contributions _____

2. I understand that should I decide not to participate in the trip for any reason, my existing funds with the exception of personal contributions, less the amount of any payments made toward non-refundable trip deposits or other expenses that have already been paid on my behalf, will remain property of the troop to be distributed equally among the remaining trip participants.
3. I understand that my attitude and behavior are critical to the success of the trip.
4. I will eagerly participate in all phases of trip planning, including planned money earning activities, and will follow up on assigned tasks to support the troop in trip planning.
5. I will respect the places and people with whom I meet both while planning and participating in the trip.
6. I will show courtesy and be sensitive to the needs of each group member both while planning and participating in the trip.
7. I agree to take my share of daily responsibilities such as setting up housekeeping and clean up.
8. I will be responsible for my personal belongings and equipment and will not hold my troop, troop leader, troop adults or troop members responsible for their loss or damage due to my negligence or neglect. I will leave personal electronics at home unless otherwise permitted by the adults in charge of the trip.
9. I will treat all equipment provided for my use with care. I understand that I will be assessed for damages to any equipment if my use of such equipment is negligent or abusive.
10. I will abide by all safety procedures, plans, and timelines at all times, including use of all required safety equipment that might be required.
11. I understand that use of tobacco, alcohol, or drugs will not be tolerated and that usage during the trip will result in exclusion/expulsion from the trip at my own/my parent's expense.
12. I understand that if I am sent home early due to serious misconduct, it will be at my parent's or guardian's expense and that the troop adults will make the travel arrangements and notify my parent or guardian of those plans.

Participant Signature _____ Date _____

Parent Signature if participant is under 18 years _____ Date _____

Girl Scouts of the Green and White Mountains

Health History and Medical Examination Form for Minors

Health History: The more complete information you provide, the better we can work with your child to ensure she receives the care she needs.

Medical Examination: A medical examination is completed for trips lasting more than three nights. The examination is completed by a licensed physician, nurse practitioner, physician's assistant, or registered nurse within the preceding 24 months unless a health issue is present.

Please type or write clearly and legibly.

Name of Minor: (Last, First, Middle Initial)	Date of Birth: (XX/XX/XXXX)		
Address:	City:	St:	Zip:
Parent or Guardian:	Phone:	Alternate Phone:	
Parent or Guardian:	Phone:	Alternate Phone:	

Emergency Contact Information (parent/guardian):

Emergency Contact:	Relationship:
Phone:	Alternate Phone:

Health Insurance Information (Family insurance is primary insurance in case of accident or illness; Girl Scout insurance is secondary.)

Policy Holder's Name:	Policy Number:
Insurance Company Name:	Group Number:
Insurance Company Address:	Insurance Company Phone:

Check all that apply and explain in detail checked answers:

<input type="checkbox"/>	Diabetes
<input type="checkbox"/>	Heart Defects/Disease
<input type="checkbox"/>	Asthma
<input type="checkbox"/>	Ear Infections
<input type="checkbox"/>	Musculoskeletal Disorders
<input type="checkbox"/>	Convulsions/Epilepsy/Seizures
<input type="checkbox"/>	Sinusitis (Sinus Infections)
<input type="checkbox"/>	Physical Restrictions

<input type="checkbox"/>	Sleep disturbances
<input type="checkbox"/>	Fainting
<input type="checkbox"/>	Bed wetting
<input type="checkbox"/>	Constipation
<input type="checkbox"/>	Chicken Pox
<input type="checkbox"/>	Measles
<input type="checkbox"/>	German Measles
<input type="checkbox"/>	Mumps

	Kidney/bladder illness
	Mental/psychological disorder
	Hypertension
	Arthritis
	Nosebleeds
	Has begun menstruation
	Menstrual cramps
	Bleeding disorder
	Other:

	Rheumatic Fever
	Tuberculosis
	Kidney Disease
	Eating Disorders (Anorexia, Bulimia, etc.)
	Headaches/Migraines
	Had surgery or hospitalized in the last 5 years
	Currently under doctor's care
	Emotional - Separation Anxiety

Please explain in detail all checked answers marked above:

Allergies: Please list all allergies, the type of reaction and its severity, treatment, and date of last reaction. Include allergies to medications, food, bees, animals, plants, etc.

Allergies	Reaction/ Severity	Treatment	Date of last Reaction
1.			
2.			
3.			

Does your child suffer from Anaphylaxis*? Yes No

*Anaphylaxis is a severe allergic reaction marked by swelling of the throat or tongue, hives, and trouble breathing.

Does your child carry an EpiPen? Yes No

Does your child carry an inhaler? Yes No

Medical Conditions (Include any precautions or restrictions on activities.)

Name of Condition	Effects
1.	
2.	
3.	

Medications: List any medications she is currently taking (or has taken recently). Include dosage schedule and specific instructions for use. Also, please indicate (Yes/No) if minor is allowed to take the medication on her own or if she should be monitored by an advisor. This includes any type of birth control.

Medication	Purpose	Dosage Schedule	Specific Instructions	Self-Medicate? (Yes/No)
1.				
2.				
3.				
4.				
5.				

Over-the-Counter Medications: My child has permission to take over-the-counter medications in case of accident or injury. Please check all that she has permission to take:

- Tylenol/Acetaminophen
- Aspirin (fever reducer)
- Ibuprofen (pain/swelling)
- Benadryl/Antihistamine
- Robitussin/expectorant
- Sudafed/decongestant
- Pepto Bismol
- Tums/antacid
- Imodium (anti-diarrhea)
- Dramamine (motion sickness prevention)
- Skin Ointments (in case of rash, antibacterial, athlete's foot, etc.)
- Other: _____
- Other: _____

Special considerations or notes regarding over-the-counter medications:

Does your child have a Special Medical or Dietary Regime to be followed? Yes No

If so, please explain: _____

Have you ever had any adverse reactions to general anesthetics? Yes No

If so, please explain: _____

Any other information not covered in this form that is important that advisors for this trip know: _____

Girl Name: _____ **Date:** _____

This section is to be completed by a physician after the review of health history with parent/guardian. Parent/Guardian must complete all the information of the Health History to the best of their knowledge and sign before meeting with licensed professional.

Medical Examination – Must be completed in detail.

Height: _____		Weight: _____	
B. P.: _____/_____		Hearing: R ____ L ____	
Eyes: With Glasses R 20/_____	L 20/____	Without Glasses R 20/____	L 20/____
Code: S = Satisfactory NS = Not Satisfactory NE = Not Examined			
_____ Nose	_____ Abdomen	_____ Urinalysis*	Other: _____
_____ Throat	_____ Hernia	_____ HGB*	_____
_____ Teeth	_____ Genitalia	_____ Appearance/Nutrition	_____
_____ Heart	_____ Skin	_____ General Physical State	_____
_____ Lungs	_____ Musculoskeletal	_____ General Emotional State	_____

*Girls should have this test if she had not had it since entering puberty.

Record of Immunization – Must be completed in detail.

	Date Series was Completed	Year of Last Booster		Date Series was Completed	Year of Last Booster
Hep B	_____	_____	Typhoid	_____	_____
DTap/Tdap	_____	_____	Paratyphoid	_____	_____
DT/Td	_____	_____	Cholera	_____	_____
Hib	_____	_____	Yellow Fever	_____	_____
IPV/OPV	_____	_____	Typhus	_____	_____
PCV7	_____	_____	Rocky Mountain		
MMR	_____	_____	Spotted Fever	_____	_____
Varicella	_____	_____	Tuberculin Test: Year last given	_____	Result _____
Other:			Not required immunizations, but recommended		
_____	_____	_____	HPV	_____	_____
_____	_____	_____	Rota	_____	_____
_____	_____	_____	MCV4/MPSV4	_____	_____
_____	_____	_____	Hep A	_____	_____
_____	_____	_____	TIV/LAIV	_____	_____

Personal and religious beliefs dictate against immunizations: Yes No

Physician Information

Licensed Physician Name: (Last, First, Middle Initial)	Phone Number:		
Address:	City:	St:	Zip:

This person is in satisfactory condition and may engage in all usual activities, including physically demanding activities except as noted.

Signature of Licensed Physician: _____

State License Number: _____ **Date:** _____

HEALTH INFORMATION PRIVACY STATEMENT

The **Health History and Medical Examination Form for Minors** is for health care concerns at the specified event only. All records will be handled by staff/volunteers whose job includes processing or using this information for the benefit of the participant. All medical records will be held in limited access by the health care supervisor for the specific event. Minimal necessary information may be shared with event staff/volunteers in order to provide adequate participant safety and health care. This form will be retained for seven years past the age of maturity of the participant. Access to the information will be limited, but copies may be requested from the event sponsor, by the participant or their legal representative. I have read the above procedures for handling the health and medical form and I agree to the release of any records necessary for treatment, referral, billing or insurance purposes.

This Health History and Medical Examination Form for Minors is complete and accurate. My daughter has permission to engage in all prescribed activities, except as noted by me and the examining physician.

Signature of Parent/Guardian: _____ **Date:** _____

Girl Scouts of the Green and White Mountains

Health History and Medical Examination Form for Adults

Health History: The more complete information you provide, the better we can work with you to ensure you receive the care you need.

Medical Examination: A medical examination is completed for trips lasting more than three nights. The examination is completed by a licensed physician, nurse practitioner, physician's assistant or registered nurse within the preceding 24 months unless a health issue is present.

Please type or write clearly and legibly.

Name of Adult: (Last, First, Middle Initial)	Date of Birth: (XX/XX/XXXX)	Gender:	
Address:	City:	St:	Zip:
Spouse (if applicable):	Phone:	Alternate Phone:	

Emergency Contact Information:

Emergency Contact:	Relationship:
Phone:	Alternate Phone:

Health Insurance Information (Family insurance is primary insurance in case of accident or illness; Girl Scout insurance is secondary.)

Policy Holder's Name:	Policy Number:
Insurance Company Name:	Group Number:
Insurance Company Address:	Insurance Company Phone:

Check all that apply and explain in detail checked answers:

<input type="checkbox"/>	Diabetes
<input type="checkbox"/>	Heart Defects/Disease
<input type="checkbox"/>	Asthma or Hay Fever
<input type="checkbox"/>	Diseases of the Ears or Ear Infections
<input type="checkbox"/>	Musculoskeletal Disorders
<input type="checkbox"/>	Convulsions/Epilepsy/Seizures
<input type="checkbox"/>	Sinusitis (Sinus Infections)

<input type="checkbox"/>	Eyesight Impairment
<input type="checkbox"/>	Hearing Impairment
<input type="checkbox"/>	Speech Impairment
<input type="checkbox"/>	Intestinal Disorders/Constipation
<input type="checkbox"/>	Chicken Pox
<input type="checkbox"/>	Measles
<input type="checkbox"/>	German Measles

<input type="checkbox"/>	Physical Restrictions
<input type="checkbox"/>	Kidney/bladder illness
<input type="checkbox"/>	Mental/psychological disorder
<input type="checkbox"/>	Hypertension/Abnormal Blood Pressure
<input type="checkbox"/>	Arthritis
<input type="checkbox"/>	Nosebleeds
<input type="checkbox"/>	Hernia
<input type="checkbox"/>	Menstrual cramps
<input type="checkbox"/>	Bleeding disorder

<input type="checkbox"/>	Mumps
<input type="checkbox"/>	Rheumatic Fever
<input type="checkbox"/>	Tuberculosis
<input type="checkbox"/>	Kidney Disease
<input type="checkbox"/>	Eating Disorders (Anorexia, Bulimia, etc.)
<input type="checkbox"/>	Headaches/Migraines
<input type="checkbox"/>	Had surgery or hospitalized in the last 5 years
<input type="checkbox"/>	Currently under doctor's care
<input type="checkbox"/>	Other: _____

Please explain in detail all checked answers marked above:

Allergies: Please list all allergies, the type of reaction and its severity, treatment, and date of last reaction. Include allergies to medications, food, bees, animals, plants, etc.

Allergies	Reaction/ Severity	Treatment	Date of last Reaction
1.			
2.			
3.			

Do you suffer from Anaphylaxis? Yes No

*Anaphylaxis is a severe allergic reaction marked by swelling of the throat or tongue, hives, and trouble breathing.

Do you carry an EpiPen? Yes No

Do you carry an inhaler? Yes No

Medical Conditions (Include any precautions or restrictions on activities.)

Name of Condition	Effects
1.	
2.	
3.	

Medications: List any medications currently taken (or has taken in the recent past) including dosage schedule and specific instructions for use.

Medication	Purpose	Dosage Schedule	Specific Instructions
1.			
2.			
3.			
4.			
5.			

Over-the-Counter Medications: In case of accident or injury. Please check all that apply:

- Tylenol/Acetaminophen
- Aspirin (fever reducer)
- Ibuprofen (pain/swelling)
- Benadryl/Antihistamine
- Robitussin/expectorant
- Sudafed/decongestant
- Pepto Bismol
- Tums/antacid
- Imodium (anti-diarrhea)
- Dramamine (motion sickness prevention)
- Skin Ointments (in case of rash, antibacterial, athlete's foot, etc.)
- Other: _____
- Other: _____

Special considerations or notes regarding over-the-counter medications:

Do you have a Special Medical or Dietary Regiment to be followed? Yes No

If so, please explain: _____

Have you ever had any adverse reactions to general anesthetics? Yes No

If so, please explain: _____

Additional information that is important for other advisors on this trip to know about: _____

Adult Name: _____

Date: _____

This next section is to be completed by a physician after the review of health history. Adult must complete all the information in the Health History to the best of their knowledge and sign before meeting with licensed professional.

Medical Examination

Height: _____	Weight: _____	Pulse Rate: _____	B. P.: _____/_____
Sugar: _____	Albumin: _____	Blood Hemoglobin: _____	
Hearing: R ____ L ____			
Eyes: With Glasses R 20/_____	L 20/____	Without Glasses	R 20/____ L 20/____
Code: S = Satisfactory NS = Not Satisfactory NE = Not Examined			
_____ Nose	_____ Abdomen	_____ Urinalysis*	Other: _____
_____ Throat	_____ Hernia	_____ HGB*	_____
_____ Teeth	_____ Genitalia	_____ Appearance/Nutrition	_____
_____ Heart	_____ Skin	_____ General Physical State	_____
_____ Lungs	_____ Musculoskeletal	_____ General Emotional State	_____

*Girls should have this test if she had not had it since entering puberty.

Does this applicant have any conditions which might limit activity for this event/travel/assignment; such as chronic disease, weight or limit participation in swimming or other strenuous activity? Yes No

If yes, please explain: _____

Record of Immunization

	Date Series was Completed	Year of Last Booster		Date Series was Completed	Year of Last Booster
Hep B	_____	_____	Typhoid	_____	_____
DTap/Tdap	_____	_____	Paratyphoid	_____	_____
DT/Td	_____	_____	Cholera	_____	_____
Hib	_____	_____	Yellow Fever	_____	_____
IPV/OPV	_____	_____	Typhus	_____	_____
PCV7	_____	_____	Rocky Mountain	_____	_____
MMR	_____	_____	Spotted Fever	_____	_____
Varicella	_____	_____	Tuberculin Test: Year last given _____	Result _____	
Other:			Not required immunizations, but recommended		
_____	_____	_____	HPV	_____	_____
_____	_____	_____	Rota	_____	_____
_____	_____	_____	MCV4/MPSV4	_____	_____
_____	_____	_____	Hep A	_____	_____
_____	_____	_____	TIV/LAIV	_____	_____

Physician Information

Licensed Physician Name: (Last, First, Middle Initial)	Phone Number:		
Address:	City:	St:	Zip:

This person is in satisfactory condition and may engage in all usual activities, including physically demanding activities except as noted.

Signature of Licensed Physician: _____

State License Number: _____ **Date:** _____

HEALTH INFORMATION PRIVACY STATEMENT

The **Adult Health History and Medical Examination Form** is for health care concerns at the specified event only. All records will be handled by staff/volunteers whose job includes processing or using this information for the benefit of the participant. All medical records will be held in limited access by the health care supervisor for the specific event. Minimal necessary information may be shared with event staff/volunteers in order to provide adequate participant safety and health care. This form will be retained for seven years in the case of treatment. Access to the information will be limited, but copies may be requested from the event sponsor, by the participant or their legal representative. I have read the above procedures for handling the health and medical form and I agree to the release of any records necessary for treatment, referral, billing or insurance purposes.

This Adult Health History and Medical Examination Form is complete and accurate.

Signature of Adult Participant: _____ **Date:** _____