

Trip Action Plan

This form is a tool for Girl Scouts and advisors when planning trips and should be developed and discussed with youth. You should leave a copy with your trip emergency contact and bring a copy on your trip. Youth and adult medical forms should be kept separately with the trip first aider.

Lead Trip Advisor: Email: Phone: Email: Activity/Trip: Image: Compare the second s

Trip/Activity Description

Include a brief description of your trip. Please note trip activities (ex. rock climbing, museums, etc.).

Trip Itinerary				
Date	Approx. Time	Activity	Location/Vendor Name and Address	Contact Information

CERTIFICATIONS

	Certifications/Girl Scout Workshops	Date	Expiration
Name	(First Aid/CPR, Travel Workshop, Lifeguard, etc.)	Completed	(if applicable)

Trip Participant Roster				
Youth/Advisor Name	Age	Guardian/Emergency Contact	Guardian/Emergency Contact Phone	

Medical Concerns and Physical Limitations of Participants (including Adult Advisors)			
Name	Description of Limitation or	Action Taken/Accommodations Made	
	Concern		

Ac	Action Steps in Case of Emergency:			
1.	Who is the primary care giver?			
2.	Who is the secondary caregiver?			
3.	Who makes decisions in the event of changed plans (inclement weather, unsafe conditions, museum closed, etc.)?			
4.	How would evacuation happen?			

Non-Emergency Action Steps: *Include steps for behavior problems and illness. See the Global Travel Toolkit Appendix for an example of a behavior contract established with the group prior to the trip.* In case of illness:

Difficult Behavior (No Agreement Violation):

Behavior Agreement Violation: First Offense:

Behavior Agreement Violation: Second Offense:

At-Home Emergency Contacts			
Name: (list in priority order)	Day Phone Number:	Evening Phone Number:	

Traveling Resources and Agency Contacts: <i>List phone numbers for the area of your trip. Indicate hours of operation (8 AM-5 PM, other, available after-hours). Include embassy information, consulates, hospitals, etc.</i>			
Agency	y Telephone Hours of Operation		

Final Paperwork and Checklist:

Trip Action Plan (this form) filled out completely.

Paperwork signed by Participant or Parent/Guardian:

- Notarized Authorization for Medical Treatment (for youth and adults)
- Notarized Permission to Travel with Minor Form
- Medical History Form (for youths and adults)
- o Copies of youth and adult passports scanned and emailed to Trip Leader(s)

CC (leave a copy with):

- Emergency Contact_____
- Other Trip Leader(s) _____