



TRIP ACTION PLAN FOR EMERGENCY CONTACT

This form is a tool for girls and advisors when planning trips and should be developed and discussed with girls, a copy should be left with your trip Emergency Contact, and a copy brought on the trip with you. Girl and adult medical forms should be kept separately with the First Aider.

Lead Trip Advisor:

Phone:

Email:

Activity/Trip:	
Region/Location:	Days & Date(s) of Activity:
Distance from EMS:	Level of First Aid Required:

Trip/Activity Description

Include a brief description of your trip. Please note if different activities will be done (ex. rock climbing, museums, etc.)

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

CERTIFICATIONS

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

What is the Adult/Participant Ratio for your trip: _____ adult to _____ girls

Trip Participant Roster			
Girl/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 Concern	Action Taken/Accommodations Made

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, illness, and change of plans. See Global Travel Toolkit Appendix for an example of a behavior contract that should be established with the group prior to the trip.*

Disobeying Behavior Agreement 1st Offense:

Disobeying Behavior Agreement 2nd Offense:

Not following directions/being disrespectful:

At-Home Emergency Contacts

Name: <i>(list in priority order)</i>	Day Phone Number:	Evening Phone Number:

Traveling Resources and Agency Contacts: *List phone numbers for the area where your trip will be. Indicate if numbers are 8-5 or available after-hours. Include embassy information, consulates, hospitals, etc.*

Agency	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 girls and adults)
 - Notarized Permission to Travel with Minor Form
 - Medical History Form (for girls and adults)
 - Copies of girl and adult passports scanned and emailed to Trip Leader(s)

CC (leave a copy with): Emergency Contact _____
 Other Trip Leader(s) _____