



Trip Activity Notification Packet

This packet includes the Trip Notification Form, list of the Learning Courses for Trips & Activities and the participant list with emergency contact information.
Please review all 3 pages

Check all that apply:

- Service Unit
- Troop
- Intends to Travel Out-of-Council**
- Activity Involving Special Equipment**
(swimming, horse back riding, etc. refer to [Safety Activity Checkpoints](#))
- Overnight in an Indoor Facility**
- Overnight in an Outdoor Facility**
- First Aid/CPR** refer to [Safety Activity Checkpoints](#)

Please complete information below, attach required documentation, and give it to your Consultant or Service Unit Team designee at least **three weeks in advance** of activity date. Consultant/designee forwards it to the Membership Services Manager.

Service Unit # _____ Troop # _____ Level: _____

Day/Date/Time of Activity: _____ to _____

Leader Name: _____

Address: _____

Email: _____

Phone # (s): _____

Activity/Destination: _____

Address: _____

Phone: _____

Attach itinerary/schedule of activities

Include phone numbers and departure/arrival times & locations. Please refer to [Safety Activity Checkpoints](#) for all trips.

Travel Arrangements: Bus* Car Train Other*

*If hiring professional services, contact council for approval.

Back-Home Emergency Contact:

Name: _____

Phone # (s): _____

This person must have copies of your participant list with emergency contact information, trip itinerary and must be available by phone during the entire activity.

Indicate name and dates of the required trainings or attach copies of current training cards.

Volunteer Essentials: _____

CPR Trained Adult(s): _____

FA Trained Adult(s): _____

Certified Specialist: _____
(i.e.: lifeguard,)

Agency issuing specialist certification

Attach a list of names and back home emergency contacts for all persons attending. Adults on the trip may NOT be their own or their child's emergency contact.

_____ Girls

+ _____ Adults

+ _____ Non-Girl Scout children*
(*optional insurance available)

+ _____ Non-Girl Scout adults*
(*optional insurance available)

= _____ Total Attending

Extended Trip Insurance has been purchased
(For three nights or more)

I verify that our troop is covered by ALL required training for this trip or activity. I will obtain "Parent Permission Slips" for each girl and will obtain "Adult & Girl Health History" forms when necessary for each person attending. I have read the sections of [Safety Activity Checkpoints](#) and [Girl Scouts Heart of the Hudson Volunteer Essentials](#) that apply to my activity.

Signed: _____ Date: _____
Leader Signature

Signed: _____ Date: _____
Consultant/Service Unit Team Designee

For Staff Use Only

___ Approved ___ Denied

Date _____

Action taken _____

Learning Courses for Trips & Activities

Please refer to [Volunteer Essentials](#) and [Safety Activity Checkpoints](#) while planning trip or activity.

Complete the Trip/Activity Notification form and Participant List

Submit signed Trip/Activity Notification with required paperwork to a Membership Services Manager at GSHH (see below) at least 3 weeks in advance of Trip/Activity date.

Type of Trip	Course	First Aid/CPR	Application	Participant List	Additional Insurance	Approval Notifications
Day: within council jurisdiction	Volunteer Essentials	Recommended	None	NO		Consultant or SU designee
Day: out-of-council jurisdiction	Volunteer Essentials	Recommended	Trip/activity form required	YES		Consultant or SU designee
Council-sponsored day trip	Volunteer Essentials	When <i>Safety Activity Checkpoint</i> requires	Register for event	YES		Consultant or SU designee
Overnight at indoor facility with electricity, water, bathrooms, and no fires.	Volunteer Essentials <u>AND</u> OIT (Overnight Indoor Training)	Required	Trip/activity form required	YES	3 nights or more	Consultant or SU designee <u>AND</u> SU Manager
Overnight in tents	Volunteer Essentials <u>AND</u> OIT <u>AND</u> OOT (Overnight Outdoor Training)	Required	Trip/activity form required	YES	3 nights or more	Consultant or SU designee & reserve site with programs manager if it's a GSHH facility
Council-sponsored overnights	Volunteer Essentials <u>AND</u> OIT / OOT when required by event	Required	Trip/activity form required	YES	3 nights or more	Consultant or SU designee
SU camping at GSHH facility	Volunteer Essentials <u>AND</u> OIT <u>AND</u> OOT SU Camping On-Site Coordinator (1 per SU)	Required	Service Unit Camping Application	YES	3 nights or more	SU Camping On-Site Coordinator & reserve site with GSHH program manager

Key: **OIT** = Overnight Indoor Training; **OOT** = Overnight Outdoor Training; **SU** = Service Unit

If you are in: Dutchess County, Sullivan County, Ulster County and these areas in Rockland County: Airmont, Minisceong/Central Haverstraw, Sloastburg, Stony Point or Suffern – forward to: Membership Services/Poughkeepsie office.

If you are in Putnam County, Westchester County and these areas in Rockland County: Congers, DeForest, Germonds. Hempstead/Hillcrest, Little Tor/Woodglen, Nanuet, Nyack Valley Cottage, Pearl River, South Main, Tappen Zee and West Nyack – forward form to: Membership Services/Pleasantville office.

65 St. James Street Kingston, NY 12401 845.790.2326 FAX:845.338.6802	162 Bloomingburg Road Middletown, NY 10940 845.236.6002 FAX: 845.609.7251	211 Red Hill Road New City, NY 10956 845.638.0438 FAX: 845.638.2804	2 Great Oak Lane Pleasantville, NY 10570 914.747.3080 FAX: 914.747.4263	3 Neptune Road Poughkeepsie, NY 12601 845.452.1810 FAX: 845.452.1878
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