



# 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 Service Unit Team designee at least 3 weeks in advance of the activity date. Service Unit designee forwards it to the Troop and Membership Support 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

**Additional/Non Member Insurance (form included in packet) has been purchased**

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: \_\_\_\_\_  
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 Troop and Membership Support 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		SUT designee
Day: out-of-council jurisdiction	Volunteer Essentials	Recommended	Trip/activity form required	YES		SUT designee
Council-sponsored day trip	Volunteer Essentials	When <i>Safety Activity Checkpoint</i> requires	Register for event	YES		SUT 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	SUT 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	SUT designee & reserve site using <a href="#">DoubleKnot</a>
Council-sponsored overnights	Volunteer Essentials <u>AND</u> OIT / OOT when required by event	Required	Trip/activity form required	YES	3 nights or more	SUT 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	SUT designee & reserve site using <a href="#">DoubleKnot</a>

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

If you are in:

Dutchess County or Ulster County = Troop & Membership Support in our Poughkeepsie Office

Rockland County or Orange County or Sullivan County = Troop & Membership Support in our Montgomery Office

Putnam County or Westchester County = Troop & Membership Support in our Pleasantville Office





## REQUEST FOR ADDITIONAL / NON MEMBER INSURANCE

To request additional insurance, complete the form below, and forward to Girl Scouts Heart of the Hudson, Inc., 2 Great Oak Lane, Pleasantville, NY 10570. This request and premium must be received in the Council office at **least two weeks prior** to the starting date of the event.

All plans MUST be purchased with a minimum of \$5.00. The insurance is computed on a “per person” “per day”, (not “per night”) basis. Send [GSHH ACH Authorization Form for Troop Bank Account](#) to Customer Care ([customercare@girlscoutshh.org](mailto:customercare@girlscoutshh.org) )

EVENT:            Name: \_\_\_\_\_

                         Place: \_\_\_\_\_

                         Date(s):        Beginning date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

                         Coordinator: \_\_\_\_\_

                         Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please indicate the insurance plan being requested:

- Plan 2 - Non-Member Participant Insurance (\$.11 per person per day).
- Plan 3E - Accident and Sickness Insurance for events excluded under the Basic Plan. Required for trips of more than two nights (\$.29 per person per day). *Excess Plan.*
- Plan 3P – Accident and Sickness Insurance for events excluded under the Basic Plan. Required for trips of more than two nights (\$.70 per person per day). *Primary Coverage Plan.*
- Plan 3PI – Accident and Sickness Insurance for International Travel (\$1.17 per person per day)\*

Troop/Group Leader/Advisor: \_\_\_\_\_

Address: \_\_\_\_\_

Service Unit # \_\_\_\_\_ Troop/Group # \_\_\_\_\_

**ACTIVITY PARTICIPANTS REQUESTING INSURANCE: \* Names required for overnight trips\***

<u>Name</u>	<u>Male/Female</u>	<u>Age (children)</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Use back of form for any additional participants.

\* \_\_\_\_\_ # participants X \_\_\_\_\_ # days X \$ \_\_\_\_\_ = \$ \_\_\_\_\_ **Total Premium Due (Minimum Fee \$5)**

Signature of Troop/Group: Leader: \_\_\_\_\_ Date: \_\_\_\_\_

Email form to: [customercare@girlscoutshh.org](mailto:customercare@girlscoutshh.org)