



Trip Action Plan

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 *Please include a thorough itinerary the encompasses the entirety of the trip. It should include your whole schedule and not just a few activities. This information is helpful for emergency purposes. Use an extra page if necessary.*

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

CERTIFICATIONS

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

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

Trip Participant Roster <i>(Include emergency contacts for girls and adults)</i>			
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 caregiver?
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