

International Trip and Travel Application

Complete the following and submit to Girl Scouts of Utah (GSU) a minimum of **six (6) months** prior to departure. Email to programs@gsutah.org or print and send directly to PO Box 57280, Salt Lake City, UT 84157.

- ☐ All GSUSA and GSU requirements must be met (Check the boxes to indicate these requirements have been met). Girl Scout adult volunteer in charge of trip confirms the following:
- ☐ Confirm all adults and girls (and their parents/guardians) who are participating in this activity have read all the activity checkpoints and agree to adhere to this activity's requirements and/or guidelines. Submit High Adventure Application as necessary.
- ☐ Confirm all adult and girl participants are current members of GSUSA.
- ☐ Confirm group's first aider's certifications are current and meet required first aid category (level 1 - basic CPR/First Aid, level 2 - Sports First Aid, or level 3 -Wilderness First Aid, EMT, Nurse, etc). Submit copies of cards.
- ☐ Obtain sleeping permissions if girls are to share a bed.
- ☐ Confirm all motor vehicles used to transport Girl Scouts are duly licensed, insured, and safety-tested. Vehicles must carry appropriate insurance as required by Utah state law. Each passenger must have her/his own seat and use a seat belt.
- ☐ Confirm all motor vehicles are operated by a GSUSA registered adult 21 years of age or older with a valid driver license and good driving record. Submit copies of driver's license.
- ☐ Group/troop emergency contact person and trip leader have all travel information (roster, itinerary, required forms, etc.). Submit copies of all information to GSU.
- ☐ Group/troop travel experiences must follow a progression. Confirm that Extended Overnight, National and International trips are taken in sequential order to ensure adequate travel experience.
- ☐ Girls must be involved in the overall development of plans for this trip.
- ☐ Girls and adults have made realistic and detailed plans for the trip. Provide parent with complete itinerary, expectations, timeline, payment schedule, required documents/forms, custom requirements and guidelines, packing list (items required and those not to bring), number of luggage and carryon bags, etc. The parent/guardians understand the purpose and support the trip.
- ☐ Parents, girls and troop leaders have established a "trip agreement" which lists expected conduct, behavior, and rules and what are the consequences if not followed. Copies are required for Trip Binder and a copy given to parent.
- ☐ Shot records are current for all participants (both girls and adults). Copies are required for Trip Binder.
- ☐ Each participant has a current passport. Copies are required for Trip Binder.
- ☐ Travel plans have been carefully made and reservations booked with refundable deposits (when possible).
- ☐ Required training completed within the last 2 years
 - Previously taken Planning Trips with Girl Scouts
 - Previously taken Planning Extended Overnight and National Trips
 - International Trips (within two years)
- ☐ Travel Plan: submit the following documents to Girl Scouts of Utah:
 - Travel Roster – list of all adults (minimum of 2) and girl participants (minimum of 5), first and last name, grade level of girls
 - Travel Itinerary – per day lists all activities, location of travel, lodging location
 - Safety Activity Checkpoints guidelines and forms that require GSU approval and/or awareness. These checkpoints are found on GSU's web site at www.gsutah.org.
 - Activity Credit Redemption form (GSU 08-0005) (if applicable)
 - Extra Insurance Enrollment Form (GSU 02-0030) with payment
 - Health History & Consent Form (GSU 09-0098)
 - Troop Money-Earning Project Form (GSU 02-0069) (if applicable)
 - Permission to Travel Form for Minors
 - Troop Budget Worksheet (GSU 02-0019)

Please print:

Date(s) of trip: _____

Destination: _____

Group/Troop number (if applicable): _____ Service Unit: _____

Indicate the number of Girl Scouts participating per grade level: (All participants must meet the activity's grade level recommendations/requirements and the designated adult/girl ratios must be met at all times.)

To participate in this trip, girls need to be enrolled in the correct grades as of October 1 of the current membership year.

Cadette: _____ Senior: _____ Ambassador: _____ Total: _____

Number of adults participating: _____

The following currently registered Girl Scout volunteer acknowledges that all participants will adhere to Girl Scout requirements for this activity:

Name: _____

Email: _____ Phone number: _____

Signature: _____ Date: _____

Adult Training History

At least one adult traveling with the group must have the following training:

Training Title

Previously taken [Planning Trips with Girl Scouts](#)

Previously taken Planning Extended Overnight and National Trips

[Planning International Trips](#)

Names of adults (traveling with group) who have completed required trainings (trainings must have been completed within the last 2 years):

Name of Training Course	Volunteer's Name	Date Completed

Travel Roster

This roster should contain a complete list of **every individual** who will be traveling with group/troop.

- If someone might go on the trip, include them on the list.
- If anyone cancels at a later date, notify GSU Program Department and your contact person.
- If more room is needed, attach additional page(s).
- If you have this information on another spreadsheet, please submit it. You don't need to transfer the information onto this form.

Group/Troop Number: _____ Dates of Travel: _____

Group First Aider's Name: _____

Group Emergency Contact Person's Name: _____

Phone numbers: day _____ evening _____

[illegible]

Travel Itinerary

This itinerary should lists all activities and destinations conducted during this trip.

If you have this information on another spreadsheet, please submit it. You don't need to transfer the information onto this form.

Group/Troop Number: _____ Dates of Travel: _____

If you are using a travel agency, complete the following:

Name of agency: _____ Phone #: _____

Address: _____ Agent: _____

[illegible]



ACTIVITY CREDIT REDEMPTION

This form can be used for the following:

(Mark the box that applies to your request.)

- ☐ Day Camp
- ☐ Council Sponsored Service Unit Event
- ☐ National/International Trip
- ☐ Other _____ (Explain)

Activity Credits Redemption requirements:

- Girl Scouts of Utah (GSU) Cookie Sales Policy states that Girls who are registered as Cadette, Seniors and Ambassadors at the time of the cookie sale may use activity credits toward trip expenses for a GSUSA-, council-, or national/international trip. Girls may participate in the trip as an individual or as a member of a group/troop. Activity credits may only be used for lodging, transportation, or program fees encountered during the trip.
- Return form and accompanying activity credits to the Council Resource Center (CRC) located in Salt Lake City **at least six weeks** before start date to ensure money is directly deposited into your Girl Scout bank account prior to event. To expedite the process, ensure Girl Scouts of Utah has a voided check on file..

Note: Activity credits are transferable between currently registered members of Girl Scouts of Utah. Adults **may not** use activity credits.

- Please complete all information on the back of this form for activity credits being redeemed. Additional forms may be sent as activity credits are received.
- Activity credits expire on June 30 for the prior year. **Activity credits not postmarked/received by the CRC by the expiration date will not be accepted.**

Complete the information required below (if applicable)

Service Unit _____

Event _____

Date(s) _____

Event Director _____

Work # _____

Group/Troop # _____

Event Cost: _____

Location _____

Troop Leader _____

Home / Cell _____

Mail to: Girl Scouts of Utah
Activity Credit Redemption
445 East 4500 South #125
Salt Lake City, UT 84107

Office Use Only

Total submitted _____
Last year's activity credits _____
This year's activity credits _____
Approved by _____



Activity Credit Log

This form must be **completely filled out** for all activity credits being redeemed.

[illegible]



EXTRA INSURANCE ENROLLMENT FORM

- Submit Enrollment Form for Extra Insurance for Plan 2 or Plan 3 plan at least **three weeks** prior to your scheduled activity.
- GSU approval is required. Troop volunteers do not submit enrollment forms directly to Mutual of Omaha.

Troop Volunteer Name _____

Service Unit _____ Group/ Troop Number _____

Address _____

Home Telephone _____ Cell Phone _____

City _____ State, Zip _____

Name of Person Submitting Form _____

- Plan 1** Every registered member of Girl Scouts of the USA is automatically covered under the Basic Activity Accident Insurance.
- Plan 2** This plan provides basic accident protection for **every non-registered member** (including family members) in approved, supervised Girl Scout activities. **As of July 2011 the total cost is 11¢ per person per day.** You may include several events at one time. This plan covers accident only.
- Plan 3** This plan is required when a troop or group takes a trip that lasts three nights or more within the United States. **As of July 2011, the total cost is 70¢ per day per person.** This plan covers health and accident only. **You must apply for all days when using this plan.**
- Plan 3P1** This plan is for when a troop or group take an international trip. As of July 2011, total cost is \$1.17 per day per person. This plan covers health and accident only.

When calculating the number of days for each event or trip, count the beginning and ending date (e.g. June 1 - June 5 = five days).

Schedule of Each Event/Trip

	(1)	(2)	(3)	(4)	(5)	
Name & Location of Event/Trip	Beginning Date	Ending Date	Number of Participants	Number of Days	Number of Participant Days (1x2)	Premium Each Day .11/ .70/ 1.17
Total	N/A	N/A				

- Enclose payment; make checks out to Girl Scouts of Utah (GSU). **Minimum premium is \$5.00.**
- Email completed form and payment to: **Girl Scouts of Utah, Program Department
445 East 4500 South, Salt Lake City, UT 84107**

Signature of person submitting form _____ Date _____

Note: Since prices for insurance are subject to change without notice, please use the form with the most current prices that is located in the "Forms" section on GSU's web site at www.gsutah.org.

FOR OFFICE USE ONLY

Date Insurance is Submitted _____ Submitted By _____



Health History & Consent Form

Health History: Required for participants attending summer camp (resident or troop). Also required for extended troop trips lasting three nights or longer, or international travel.

Physical Examination: Separate document. Required for participants attending a camp/trip that is three nights or longer. Form needs to be completed by a licensed physician, nurse practitioner, physician's assistant, or registered nurse. Completed within 24 months of program the participant is attending.

Medication Log: Separate document. To be completed if participant is bringing medications (prescription or OTC) to program.

Location of Program: ☐ Camp Cloud Rim ☐ Trefoil Ranch
☐ Trip or Travel ☐ Other _____

Program Date: _____

Program Name: _____

PARTICIPANT INFORMATION

Participant Name: _____ Home Phone: _____ Age: _____ Birth Date: ____/____/____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

If a minor: Parent/Guardian #1's Name: _____ Parent/Guardian #2's Name: _____

Parent/Guardian #1's Phone: _____ Parent/Guardian #2's Phone: _____

EMERGENCY CONTACT INFORMATION (If participant is a minor, please list a non-parent/guardian contact)

Person to be notified: _____ Relationship to camper: _____

Phone #1: _____ Phone #2: _____

INSURANCE INFORMATION

Insurance Company: _____ Members Services Phone: _____

Address: _____ Name of Insured: _____ ID Number: _____

HEALTH INFORMATION

Check "Yes" or "No" for each statement. Explain "Yes" answers below and explain any accommodations needed.

- | | | |
|--|---|---|
| 1. Asthma? <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. Sleeping disorder/sleep walking? <input type="checkbox"/> Yes <input type="checkbox"/> No | 25. Visual disability? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. Heart defect/disease? <input type="checkbox"/> Yes <input type="checkbox"/> No | 26. Deaf/hard of hearing? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Seizures/epilepsy? <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Bleeding/clotting disorders? <input type="checkbox"/> Yes <input type="checkbox"/> No | 27. Behavioral problems? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Frequent ear infections? <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Hypertension? <input type="checkbox"/> Yes <input type="checkbox"/> No | 28. Eating disorder? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Frequent sore throats? <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Recent infectious disease? <input type="checkbox"/> Yes <input type="checkbox"/> No | 29. Has this person menstruated? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Sinusitis? <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Chronic/reoccurring illness? <input type="checkbox"/> Yes <input type="checkbox"/> No | a. If not, has she been told about it? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Bronchitis? <input type="checkbox"/> Yes <input type="checkbox"/> No | 19. Skin conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No | b. If so, is her menstrual history normal? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Fainting/dizziness? <input type="checkbox"/> Yes <input type="checkbox"/> No | 20. ADD/ADHD? <input type="checkbox"/> Yes <input type="checkbox"/> No | 30. Operations/serious injuries? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Stomach upsets? <input type="checkbox"/> Yes <input type="checkbox"/> No | 21. Autism Spectrum Disorder? <input type="checkbox"/> Yes <input type="checkbox"/> No | 31. Other diseases/conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Constipation/diarrhea? <input type="checkbox"/> Yes <input type="checkbox"/> No | 22. Emotional disability? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 11. Bed wetting? <input type="checkbox"/> Yes <input type="checkbox"/> No | 23. Learning disability? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 12. Urinary tract infections? <input type="checkbox"/> Yes <input type="checkbox"/> No | 24. Physical disability? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Explanation of "Yes" answers:

DIETARY RESTRICTIONS

Please specify any accommodations needed.

☐ Vegetarian ☐ Vegan ☐ Gluten-free ☐ Lactose-free ☐ Other _____

ALLERGIES

Please explain severity of allergies (contact, ingestion, smell, etc.)

☐ Drug ☐ Food ☐ Latex ☐ Insect ☐ Other _____

OVER-THE-COUNTER MEDICATIONS

If participant is a minor – My child has permission to take or use the following as needed:

- ☐ Tylenol/Acetaminophen
- ☐ Advil/Ibuprofen
- ☐ Sudafed/decongestant
- ☐ Benadryl/antihistamine
- ☐ Tums/antacid
- ☐ Robitussin/expectorant
- ☐ Calamine lotion
- ☐ Cough drops

HEALTH FORMS ARE CONSIDERED A PART OF THE PERMANENT CAMP RECORD AND WILL NOT BE RETURNED.

HEALTH INFORMATION PRIVACY STATEMENT

The **Health History Form** is for health care concerns at the specified event only. All records will be handled by staff/volunteers whose job includes processing or using this information for the benefit of the participant. All medical records will be held in limited access by the health care supervisor of the specific event. Minimal necessary information may be shared with event staff volunteers in order to provide adequate participant safety and health care. The health form will be retained by Girl Scouts of Utah or GSUSA until it is destroyed. All forms/records with noted treatment will be retained for seven years past the age of maturity of the participant. Access to the information will be limited, but copies may be requested from the event sponsor, by the participant, or their legal representative. I have read the above procedures for handling the health form information and I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I authorize emergency medical treatment be given if needed for illness or injury.

This health history is complete & accurate. I give permission to engage in all prescribed activities, except as noted.

Signature of self or Parent/Guardian (if minor): _____

Please sign

Date: _____

Girl Scouts

Permission to Travel Form for Minors

Minors under the age of 18 traveling from the United States to any foreign country, when not accompanied on the trip by parent(s), must have a notarized affidavit from the parent(s) not accompanying the child that:

1. The child is traveling out of the United States with the permission of the parent(s).
2. That the non-traveling parent(s) is aware that the child is leaving on the departure date, and
3. The name(s) of the person(s) accompanying the child.

If the minor child is leaving the country without either of his/her parent(s), both parent(s) must provide a notarized signed affidavit as outlined.

Both parents must sign the permission form, which **MUST** be notarized. If the parents are not together, parent consent from both parents is still necessary. If one parent is the custodial parent or deceased, there **MUST** be legal proof/documentation of this status.

GIRLS UNDER 18 WILL NOT BE ABLE TO BOARD THE INTERNATIONAL FLIGHT WITHOUT THIS PERMISSION.

PERMISSION TO ENTER FOREIGN COUNTRY FOR MINORS (under the age 18)

This certifies that _____ has the permission of her undersigned parent/guardian to enter _____
_____ (country/ies to participate in an international trip with Girl Scouts
for the dates of ____/____/____ to ____/____/____.

Names of the responsible adults that will be accompanying the minor:

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

Signature of mother or guardian: _____

Typed name of mother or guardian: _____

Signature of father or guardian: _____

Typed name of father or guardian: _____

In the state of _____ and county of _____ on this day _____
of _____, before me personally appeared _____ and _____ to me known
to be the individual, or individuals described in and who executed the within and foregoing instrument, and acknowledged
that he/she/they signed the same as his/her/their free and voluntary act and deed, for the uses and purposes therein
mentioned.

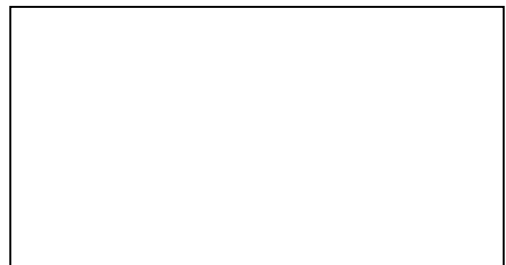
Given under my hand and official seal this _____ day of _____, [year].

Notary Signature: _____

Notary Printed Name: _____

Notary Public in and for the State of _____.

My appointment expires on _____.





**GIRL SCOUTS OF UTAH
EMERGENCY INFORMATION CARD**

Procedure to be followed by the person in charge at the scene:

1. Give attention to injured person(s). Secure doctor, ambulance, police, and clergy as appropriate.
2. In the event of a fatality, **ALWAYS** notify police first. Retain a responsible person at the scene, secure the area, and do not remove victim(s) or disturb surroundings until police have assumed authority.
3. Call the Girl Scouts of Utah's 24-hour emergency number **(801) 483-3413**.
4. When you call the 24-hour emergency number, provide your name, troop number, phone number you are calling from, and your home phone number. Tell the operator if this is a serious accident or a fatality.
5. The operator will relay the information to a member of the council crisis team who will then call you back.
6. The Chief Executive Officer (CEO) will make all official statements as spokesperson of the council. Do not give information on your own. Refer all media inquiries to the CEO at the Council Resource Center, **(801) 265-8472, ext. 38**.
7. Do not discuss the incident, place blame, or accept liability. Make no statements to the press!
8. Do not surrender parent permission slips or medical release forms to anyone except the GSU CEO.

**COPY CARD ON BRIGHT COLOR CARDSTOCK, CUT ON
DOTTED LINE AND PUT CARD IN YOUR WALLET –
KEEP CARD WITH YOU DURING ALL GIRL SCOUT ACTIVITIES.**

Girl Scouts of Utah
Emergency Card

(801) 483-3413

If you are calling long distance, please call this emergency number collect. State your name and identify yourself as a Girl Scout volunteer.

Police: _____ Fire: _____
Poison Control: _____ Troop #: _____
Leader's Name: _____
Phone: _____

1. Give attention to injured person(s). Secure doctor, ambulance, police, and clergy as appropriate.
2. In the event of a fatality, **ALWAYS** notify police first. Retain a responsible person at the scene, secure the area, and do not remove victim(s) or disturb surroundings until police have assumed authority.
3. Call the Girl Scouts of Utah's 24-hour emergency number **(801) 483-3413**.
4. When you call the 24-hour emergency number, provide your name, troop number, phone number you are calling from, and your home phone number. Tell the operator if this is a serious accident or a fatality.
5. The operator will relay the information to a member of the council crisis team who will then call you back.
6. The Chief Executive Officer (CEO) will make all official statements as spokesperson of the council. Do not give information on your own. Refer all media inquiries to the CEO at the Council Resource Center, **(801) 265-8472, ext. 22**.
7. Do not discuss the incident, place blame, or accept liability. Make no statements to the press!
8. Do not surrender parent permission slips or medical release forms to anyone except the GSU's CEO.