



# 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 Membership & Volunteer 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: \_\_\_\_\_  
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 & Volunteer 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		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 = Membership & Volunteer Services in our Poughkeepsie Office

Orange County or Sullivan County = Membership & Volunteer Services in our Middletown Office

Putnam County or Westchester County = Membership & Volunteer Services in our Pleasantville Office

Rockland County = Membership & Volunteer Services in our New City 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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