

Use this form for domestic and international trip approval. For troop camping trips to Camp Nocatee, Camp Welaka or a non-GSSEF owned camp property, submit the *Troop Camping Application*.

TROOP TRIP APPROVAL CHECKLIST

Submit the following items from this packet for:

Simple Overnight Trip

If the trip is 2 consecutive nights or less (3 consecutive nights, when one of the nights is a federal holiday, such as Memorial or Labor Day), submit a minimum of **3 weeks in advance of trip**.

Overnight Troop Travel Application
Participant Roster

Extended Trip

If the trip is longer than 2 consecutive nights, (3 consecutive nights, when one of the nights is a federal holiday, such as Memorial or Labor Day), submit a minimum of **6 weeks in advance of trip**.

Overnight Troop Travel Application
GSSEF Enrollment Request for Extended Girl Scout Insurance (*with payment*)
Participant Roster

International Trip

Includes cruises, and troop trips overseas; submit a minimum of 90 days in advance of trip.

Overnight Troop Travel Application
GSSEF Enrollment Request for Extended Girl Scout Insurance (*Required for International Travel*) Girl Scouts of Southeast Florida Permission to Travel Form for Minors (*must be Notarized prior to submission*)
GSSEF Hold Harmless Agreement (*must be Notarized prior to submission*)
International Troop Trip Roster

Initial Acknowledgment

I will ensure each girl submits a Parent/Guardian permission form for ALL trips, which will be carried by me for the duration of the activity.

I will ensure each girl and adult submits a Release/Waiver for Assumption of COVID-19 Risk form* for all trips, which will be carried by me for the duration of the activity/travel.

Instructions:

1. Complete all fillable forms.
2. Save the completed forms.
3. Email the forms to customercare@gssef.org

**All Troop Travel Applications require a "Release/Waiver for Assumption of COVID-19 Risk" form for each participant, separate from any previously submitted forms for participation in Troop activities, programs, and/or events.*

TROOP TRAVEL FORM – ACTIVITY DETAILS

Overnight Trip – Domestic

Overnight Trip – International

Troop Number	Service Unit	Program Level (Check all that apply)					
		Daisy	Brownie	Junior	Cadette	Senior	Ambassador
Troop Leader Name		Troop Leader Phone	Troop Leader E-mail				
Co-Leader Name		Co-Leader Phone	Co-Leader E-mail				
Activity Start Date	Activity Start Time	Activity End Date	Activity End Time				
Destination and Overview <i>(Please describe the trip)</i>							
Number of Registered Girls			Number of Registered Adults				

(Please note: Additional insurance coverage is needed, and must be purchased, if events or activities last more than two consecutive nights, or three consecutive nights if one of the nights is an official federal holiday. If additional insurance coverage is needed, please review and submit the form contained in this packet, along with payment.)

GIRL/ADULT RATIOS (Chaperones)

Names and background check expiration dates for the registered adult volunteers chaperoning the activity, who are required, per the Safety Activity Checkpoint for this activity.

Name of Adult Volunteer Chaperone	Background Check Expiration Date

(Please note: Parents may attend at the discretion of the Troop Leader, but the required girl/adult ratio must be fulfilled with registered adult volunteers for the duration of the activity)

TRANSPORTATION & SAFETY

Mode of Transportation & Drivers <i>(check all that apply to trip)</i>		
Individual Vehicles	Rental Car(s)/ Charter Bus	Train
Plane	Other (specify):	
<p>Check if all parents are driving their own child, and only their own child, for the duration of the activity. (If this box is checked, and girls are only traveling with their parent/guardian, the box below may be left blank.)</p>		

Drivers and Background Checks

In the space below, enter the name and background check expiration dates of all adults transporting girls other than their own child during the event.

Name of Adult Transporting Girls	Background Check Expiration Date

Please note:

- A. Anyone who is driving a vehicle with 12 or more passengers must be a professional driver who possesses a commercial driver’s license (CDL). *Fifteen (15) passenger vans are deemed unsafe and strictly prohibited. Fifteen (15) passenger vans may never be used to transport girls.*
- B. Council Volunteer Policies and Procedures require that adults transporting girls, in vehicles during the activity, must be registered volunteers.

TROOP OVERNIGHT/EXTENDED/INTERNATIONAL TRAVEL APPLICATION

Submit this form for your Troop Overnight/Extended/International Travel Application

SAFETY & ACTIVITY CHECKLIST *(Indicate yes or no for each item)*

"Release/Waiver for Assumption of COVID-19 Risk" form has been received for ALL participants. Yes No

All girls and adult volunteers are registered members of Girl Scouts of Southeast Florida.	Yes	No
All standards and guidelines as stated in Volunteer Essentials and the Safety Activity Checkpoints (SAC) will be adhered to.	Yes	No
All applicable Safety Activity Checkpoints have been verified and all vendors being used possess the certifications required for this activity and that the correct girl/adult ratios have been met.	Yes	No
High Adventure Activities Planned <i>(will the group be participating in any of the following activities?)</i>		
• Horseback Riding	Yes	No
• Challenge Courses/Zip Lines	Yes	No
• Water Activities	Yes	No
• Shooting Sports	Yes	No
• Other high-risk activity (See Safety Activity Checkpoints for a listing of high-risk activities)(Insert activity)	Yes	No
Parent/Guardian Permission forms have been received for all girl participants.	Yes	No
Health History forms have been received for all girl participants.	Yes	No
All Girl/Adult ratios have been planned for and will be maintained.	Yes	No
Certified First Aiders will be on site as required with an up-to-date, stocked first aid kit, that they will be able to easily access for the duration of the activity; and the location and phone number of the nearest hospital will be readily available.	Yes	No
Emergency procedures have been developed and discussed with all participants.	Yes	No

ADULT TRAINING/CERTIFICATION CHECKLIST

Certification	Name of Volunteer	Cert. Expiration or Completed Date	Certificate Attached?	
First-Aid/CPR			Yes	No
Lifeguard			Yes	No
Canoeing			Yes	No
Archery			Yes	No

TROOP TRIP FINANCES

Estimated total cost of trip	
Amount to be paid from Troop Treasury	
Amount to be paid by each Girl	

ACKNOWLEDGEMENT AND SUBMISSION

By signing and submitting this form, I acknowledge that I am responsible for:

Initial

Collecting for each girl and adult a "Release/Waiver for Assumption of COVID-19 Risk form" for all trip travel, which will be carried by me for the duration of the activity/travel.

Collecting written parent/guardian permission, health history and medication permission forms.	
Ensuring all Safety Activity Checkpoints for this activity have been reviewed, and the information shared with the Troop members and parents participating in the activity.	
Ensuring girl/adult chaperone ratios are maintained with registered adult volunteers with current background checks for the duration of the activity.	
Ensuring only registered adult volunteers with current background checks will transport children other than their own during this activity.	
Following all safety activity guidelines, in the GSSEF Volunteer Policies and Procedures, Volunteer Essentials Manual and Safety Activity Checkpoints, acquired additional insurance (if applicable) and have submitted (or will submit) any supplemental trip documentation necessary.	

Troop Leader Signature	Date
Troop Leader Email	Troop Leader Phone While at Activity

For Office Use Only

Travel application approved	By:	Date:
Travel application not approved	By:	Date:
Reason(s) travel not approved		
Date entered into SF:	Troop Record	Leader Record

TROOP OVERNIGHT/EXTENDED/INTERNATIONAL TRIP PARTICIPANT ROSTER

Submit this form with your Troop Overnight/Extended/International Travel Application

Troop Number

Service Unit

Date(s) of Troop Trip:

From Date

To Date

Troop Leader Name

GSUSA Girl-to-Adult Ratio Requirements		
Grade Level	<i>Two</i> unrelated adults (at least one of whom is female) supervising this number of girls	<i>One</i> additional adult to each additional number of girls:
Daisies	6	1-4
Brownies	12	1-6
Juniors	16	1-8
Cadettes	20	1-10
Seniors	24	1-12
Ambassadors	24	1-12

SUPERVISING ADULTS	
Registered Adult Volunteer Name	Registered Adult Volunteer Name
1)	7)
2)	8)
3)	9)
4)	10)
5)	11)
6)	12)

GIRLS	
Registered Girl Member Name	Registered Girl Member Name
1)	13)
2)	14)
3)	15)
4)	16)
5)	17)
6)	18)
7)	19)
8)	20)
9)	21)
10)	22)
11)	23)
12)	24)

Complete and submit a second form if more than 12 adults and/or 24 girls

TROOP OVERNIGHT/EXTENDED/INTERNATIONAL TRIP PARTICIPANT ROSTER

Submit this form with your Troop Overnight/Extended/International Travel Application

TAGALONGS:

Tagalong(s) must be chaperoned by a minimum of one adult at all times during Council-sponsored meetings, programs, events, learning sessions, etc., who is dedicated to this group exclusively. The adult chaperone will not be counted as part of the required adult-to-girl ratio for registered Girl Scouts to attend or participate in meetings, programs, events, etc.

The adult chaperone is required to physically stay present with the tagalong(s) at all times. This adult will be considered responsible and liable for the tagalong(s). This adult chaperone will ensure tagalongs do not disrupt or interfere with the programs/events, etc.

Adult chaperones for tagalongs must adhere to the following adult-to-child ratios at all times:

- 1 adult to 1 child under the age of 24 months
- 1 adult to 2 children ages 2 – 5 years
- 2 adults to 3-4 children ages 2-5 years
- 3 adults to 5 or more children ages 2-5 years
- 1 adult for every 3 children ages 6-17

Tagalongs are defined by GSUSA and GSSEF as: “people not officially affiliated with Girl Scouts, but who are along for the activity.” Tagalongs include any children under the age of 5 or children under the age of 18 years who are not registered Girl Scouts.

For more information, please refer to GSSEF Volunteer Policies and Procedures.

TAGALONGS			
Child Name		Age	
1)		5)	
2)		6)	
3)		7)	
4)		8)	

ADULT CHAPERONE(S) FOR TAGALONGS	
Adult Name	Adult Name
1)	5)
2)	6)
3)	7)
4)	8)

Complete and submit a second form if needed