



Girl Scout Resource Packet For Trips and Travel

Girl Scouts Central Maryland
4806 Seton Drive
Baltimore, Maryland 21215
410.358.9711, 1.800.492.2521
www.gscm.org

Checklist for Planning a Girl Scout Trip

- All girl and adult participants are familiar with *Travel Procedures with Girl Scouts* in *Volunteer Essentials*
- Adults in charge have reviewed the appropriate Activity Checkpoints available online at www.gscm.org
- Parent/guardian permission has been obtained for all girls participating.
- Steps have been taken to review and prepare a budget for the trip so as not to exclude any girls from participating.
- Clear expectations with regard to departure & arrival times, cost for the trip and itinerary while on the trip have been discussed with both girls and adults.
- A copy of the *Parent/Guardian Permission Form* has been turned in to the Service Unit Manager/designee as specified in this packet.
- If required, a *Trip Application Form* has been submitted to the Service Unit Manager and/or the Membership & Community Development Specialist when required as specified in this packet.
- Health History Records* for each girl participating are on file with the Adult in Charge for the trip and will be in her/his possession for the duration of the trip. When required, *Health History Records* for adults participating are also on file during the trip.
- The *Safe Driver* and *Safe Passenger Pledge* has been distributed and signed by all adults driving and all Girl Scout Junior, Cadette, Senior and Ambassadors who plan to participate.
- Any trip involving swimming, rafting, camping or activities involving potential risk must meet all additional guidelines, policies and procedures as specified by GSUSA in *Volunteer Essentials* and the Safety Activity Checkpoints.
- An adult with current certification in First Aid **must** be present on the trip, as specified in *Volunteer Essentials* and the Safety Activity Checkpoints.
- An adult who has completed Outdoor Training **must** be present for the duration of a camping trip.
- We have reviewed the optional insurance coverage plans offered by United of Omaha Life Insurance Company and have submitted the application and fees to council by the specified deadlines.
- Contracts totaling \$2,000 or more for leased vehicles or facilities **must** be signed by the Senior Vice President as designated by the Chief Executive Officer for Girl Scouts of Central Maryland.

TRANSPORTATION AND TRAVEL TIPS FOR ALL TRIPS/EVENTS

- I. **Choosing transportation** is an important part of trip/event planning.
 - A. All individuals driving for Girl Scout trips/events must show proof of a current driver's license and an insured vehicle.
 - B. Volunteers are encouraged to make copies and distribute the *Safe Driver Pledge* and the *Safe Passenger Pledge* to all adult drivers and girls being transported to events/activities. The pledges are in *Volunteer Essentials*.

- II. **Signing Contracts** - Girl Scout volunteers are authorized only to sign agreements or contracts for facilities, chartering vehicles, vessels or aircraft costing **less than \$2,000**.
 - A. A written agreement is required even when there is no cost.
 - B. All transportation and facilities contracts and agreements **over \$2,000** must be signed by the Senior Vice President of Girl Scouts of Central Maryland as designated by the Chief Executive Officer of Girl Scouts of Central Maryland.
 - C. Any trip involving the leasing of transportation services (i.e. rental vans and/or chartered buses) requires a **Trip Application Form** to be filled out and turned in to your Membership & Community Development Specialist for approval.
 - D. A copy of a Certificate of Insurance **must** be on file at the council office for any rental or bus company under contract with Girl Scout troops/groups using them for events/activities.

- III. **First Aid Certification and Outdoor Training** - It is highly recommended that the First Aider and Outdoor Training adult is not the same person when troops/groups are camping. Be sure to check *Volunteer Essentials* to determine the level of certification needed for your trip (Level I or Level II).

- IV. **Optional Insurance Plans** - Four Optional Insurance Plans are offered through Mutual of Omaha. Contact the Volunteer Resource Center for the current price list, a description of the insurance plans and appropriate application form and deadlines. A description of the different plans is provided in this packet. Checks are made payable to: **UNITED OF OMAHA LIFE INSURANCE COMPANY** and mailed to the council office with the application form, while adhering to all deadlines as specified under each plan type.

Plan 2: Covers Girl Scout members for events or activities lasting more than two nights; provide accident coverage only. Plan 2 covers non-members as participants regardless of the length of the event/activity. A copy of the application form is provided in this packet. Send the completed application and check at least two weeks prior to the trip/activity to Girl Scouts of Central Maryland, 4806 Seton Drive, Baltimore, Maryland 21215 Attention: VRC/Activity Insurance.

Plan 3E and 3P: Covers Girl Scout members and nonmembers as participants; provides sickness and accident coverage. The Non-Duplication Provision **DOES** apply to Plan 3E, but **DOES NOT APPLY** to Plan 3P. **Plan 3P** designates the Girl Scout insurance as primary.

Plan 3PI (International): Covers Girl Scout members and nonmembers as participants; provides sickness and accident coverage along with travel assistance services. The travel assistance services provided are the sole responsibility of AXA Assistance-USA. There is no affiliation with United of Omaha Life Insurance.

Guidelines for Girl Scout Trips and Travel

Trip and event preparation should be a fun and enjoyable experience for girls. Trips and events should be age-appropriate and must consider the abilities of the girls. In planning trips/events, the health, safety and security of the girls must come first. Have fun and be sure to follow the guidelines in the current edition of ***SAFETY-WISE/Volunteer Essentials***.

Level	Type of trip	Form required	Turned in to	When
All Girl Scout Levels	Trip in the Neighborhood during regular meeting time	02-002 – copy of Parent/Guardian Permission Slip	Service Unit Manager or designee	One week prior to the trip
All Girl Scout Levels	Simple day trip within the state of Maryland	02-002 – copy of Parent/Guardian Permission Slip	Service Unit Manager or designee	One week prior to the trip
All Girl Scout Levels	Multiple troop events, service unit events and council sponsored/directed events within the state of Maryland	02-002 – copy of Parent/Guardian Permission Slip	Service Unit Manager or designee	One week prior to the trip
One night – Daisy; one or two nights all other levels	A simple overnight; one or two nights within the state of Maryland	02-002 – copy of Parent/Guardian Permission Slip	Service Unit Manager or designee	Two weeks prior to the trip
All Girl Scout Levels	All day trips & simple overnight trips taken out of the state of Maryland	02-002 and 03- 828 – Application for a Girl Scout Trip	Service Unit Manager or designee	Two weeks prior to the trip
Junior through Senior Girl Scouts	Three Nights or more, in or out of state; within the continental United States	02-002 and 03-828 – Application for a Girl Scout Trip Along with the Budget	Membership & Community Development Specialist	Four weeks prior to the trip; Savannah – 6 -12 months prior
Girls 14 years of age and older	International travel	04-800 – The Girl Scout Global Travel Tool Kit Appendix: pg 31-35	Membership & Community Development Specialist; Travel Pathway Liaison	Two years prior to the trip
		04-800 – The Girl Scout Global Travel Tool Kit Appendix: pg 13-30	Membership & Community Development Specialist; Travel Pathway Liaison	3 months prior to the meeting

DESTINATIONS – a Girl Scout activity/experience offered through GSUSA:

Girls 11 years of age and older can apply for GSUSA Destinations listed on the GSUSA website at www.girlscouts.org. Destinations can be national or international travel opportunities for girls 11 to 17 years of age. Please follow guidelines for submitting applications. Questions regarding this process may be directed to the appropriate Girl Scouts Central Maryland Program Specialist/Travel Pathway Liaison by calling 410.358.9711 or email program@gscm.org.

Forms Used/Needed When Traveling

Parent/Guardian Permission Form: GSCM Form 02-002

Required when activities take place outside of the scheduled meeting place; involve overnight travel or focus on sensitive and controversial topics. Any activity that may involve potential risk to participants must be discussed with parents/guardians before it is included in troop/group plans. This may include, but is not limited to swimming, camping, rock climbing, etc. Check *Safety-Wise/Volunteer Essentials* for clarification. All Parent/Guardian Permission Forms must be in the possession of the adult-in-charge for the duration of the activity. **One completed *Parent/Guardian Permission Form* should be submitted to the Service Unit Manager or council designee with all appropriate information filled out. This will be kept by the service unit/council as a record of the troop/group itinerary for trips taken during their regular meeting time to points of interest in the neighborhood, simple day trips, service unit events and overnight trips lasting two nights or less.**

Health History Record: GSCM Form 02-779

A *Health History Record* is signed off annually in order for girls to participate in Girl Scout activities. A health history record is required for adults taking trips for three nights or more or for physically demanding activities. Make sure that the form is complete and that there is a physician's note where required. The *Health History Record* should be kept in an envelope and all necessary pre-cautions taken to maintain confidentiality of each girl's information.

Trip Application: GSCM Form 03-828

The *Trip Application* is needed when troops/groups take an extended trip of three nights or more. Girl Scout Juniors through Girl Scout Ambassadors may participate. Please make sure that each girl is comfortable with staying away from home for an extended period of time before considering this type of trip. This form is also used when traveling by rental van or chartered transportation and **must** also be approved by a Girl Scouts Central Maryland staff member at least **four weeks prior** to the trip.

Trip Application:-GSCM Form 04-800-The Girl Scout Global Travel Tool Kit Appendix pgs.31-35- The trip application for International Travel must be filled out two years in advance of the trip. **As well as GSCM Form-02-207- Permission for troop/group Money Earning.**

Health Examination Record: GSCM Form 07-1273

In addition to the health history record, a health examination given within the preceding 24 months by a licensed physician, nurse practitioner, physician's assistant or registered nurse is required before a girl can participate in Resident Camp, trips of more than three days, and for contact sports conducted on an organized, competitive basis, and for adults participating in physically demanding activities. If there are religious reasons for not having such examination, the Troop Leader must obtain a signed statement by the religious leader to that effect. This information is confidential and should only be shared with persons who need to know in order to protect the health and safety of the participant and others.

Comparison Charts for Additional Insurance & Plan 2 Insurance Form

Charts compare the additional Girl Scouts insurance plans to outline coverage. Please refer to the appropriate Plan section within the guide for a better understanding. A **Plan 2** form is included in this packet. It is the most common type of insurance coverage used.



Girl Scouts Central Maryland
 4806 Seton Drive
 Baltimore, MD 21215-3247
 T 410 358.9711, 800 492.2521
 F 410 358.9918
 www.gscm.org

Parent/Guardian Permission Form

SU #: _____ Troop #: _____ Level: Daisy Brownie Junior Cadette Senior Ambassador Juliette

NAME OF THE EVENT _____ DATE ____/____/____

LOCATION _____

MEETING PLACE (Address) _____

DEPARTURE TIME _____ RETURN TIME _____

NAME OF ADULT IN CHARGE: _____ PHONE NUMBER _____

COST PER GIRL \$ _____ COST PER ADULT \$ _____ TROOP IS PAYING \$ _____

Girl Scouts attending: Girls ____ Adults ____ # of Non-Girl Scouts attending: Girls ____ Boys ____ Adults ____

METHOD OF TRAVEL ____ Car ____ Bus ____ Train ____ Plane

CAMPSITE/HOTEL/LODGING INFO: _____

NEAREST MEDICAL FACILITY: _____

EMERGENCY CONTACT DURING THE EVENT: _____

PHONE NUMBER: _____ DAY _____ EVE

FIRST AID/CPR ADULT _____ DATE OF CERTIFICATION _____

ADULT CERTIFIED IN TROOP CAMPING (when required) _____

Troops or groups traveling to and from Girl Scout events must adhere to the driving/seatbelt/First Aid standards and checklists as outlined by GSUSA. Safety information can be referenced in *Volunteer Essentials and Safety Activity Checkpoints*. CERTIFICATE OF INSURANCE MUST BE ON FILE AT GIRL SCOUTS OF CENTRAL MARYLAND FOR ALL BUSES LEASED FOR GIRL SCOUT ACTIVITIES (Council Approval needed).

← _____ →

RETURN THIS HALF OF FORM TO LEADER OR EVENT COORDINATOR BY ____/____/____

My daughter _____, has my permission to participate in the field trip to _____ on ____/____/____. I agree that my daughter is in good health and may participate in this activity. I give my permission for medical treatment if necessary. I agree that she will not attend this event if she should become ill or exposed to a contagious disease. I also give my permission for her to be photographed for publicity purposes.

During the event I can be reached at:

Location _____

PHONE NUMBER: _____ DAY _____ EVE

Cellular Phone _____ Pager Number _____

If I cannot be reached in an emergency, please contact (print information):

Name _____ Relationship to child _____

PHONE NUMBER: _____ DAY _____ EVE

Cellular Phone _____ Pager Number _____

I understand that Girl Scout activity insurance is secondary to any personal insurance I may have.

Parent _____ SIGNATURE _____

PRINT NAME

Date ____/____/____



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GIRL & ADULT HEALTH HISTORY RECORD

This health history is to be completed each year and signed by parents/guardians of registered girl members and by adult members when required.

Name	Date of Birth	Age
Address	Troop or Group No.	
Parent/Guardian	(Area Code)Phone	
Home Address		
Business Address	(Area code) Phone	
In Emergency Notify	Relationship	
Address	(Area Code) Phone	
Name of Family physician:	(Area Code) Phone	
Family Medical/hospital insurance carrier:	Policy or Group No.	

Part I: Illnesses and injuries (check those that apply and give appropriate dates)

- Chronic or Recurring Illness
 Ear Infection Bleeding/Clotting Disorders Hypertension Asthma
 Heart Defect/Disease Musculoskeletal Disorders Seizures Diabetes Other (Specify)

Date of last health examination: _____

Were any complicating medical problems noted in last health examination? _____

Is participant currently under the care of a physician or psychologist? _____

Since last health exam, has participant had:

- A serious injury requiring medical attention? _____ An illness lasting more than five day? _____ Treatment in a hospital or emergency room? _____
 Any prescribed or over-the-counter medication _____ A surgical operation or fracture? _____
 Any exposure to a contagious disease? _____ Any restrictions concerning physical activities? _____

Please explain any "yes" answers to the above questions. Include dates:

II: Allergies (Check those that apply and specify nature of allergic reaction.)

- Animals _____ Hay Fever _____
 Pollen _____ Food _____
 Medicines/drugs _____ Insect stings _____
 Plants _____ Other (specify) _____

Part III: Other health conditions (Check those that apply)

- Bed wetting Emotional disturbances
 Constipation Fainting
 Menstrual cramps Hearing impairment
 Motion sickness Sickle cell trait or disease
 Nosebleeds Special dietary regimen
 Sleep disturbances Wears glasses or contact lenses
 Other (specify)

IV: Immunization History

Immunization:	Year Primary Series Completed	Year of Last Booster
D.P.T.		
Diphtheria		
Pertussis (whooping cough)		
Tetanus		
Td		
Measles		
Mumps		
Rubella		
(German measles)		
Oral polio		
Hbpv		
Tuberculin test (most recent)	Result	
Other (specify)		

III: Explanations Please explain any items that are checked. Indicate any information useful to the adult in charge in relation to any of these conditions. Also indicate any activities to be encourages or restricted. Use the back of this form for your explanations.

I know of no reasons(s) other than the information indicated on this form, why my daughter should not participate in prescribed activities except as noted.

Signature of parent/guardian _____ **Date:** _____

This health history is correct and I am able to engage in all prescribed activities except as noted.

Signature of adult _____ **Date:** _____



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GIRL SCOUT TRIP APPLICATION

Date Submitted: ___/___/___

Adult in Charge: _____ Service Unit #: _____ Troop/Group #: _____

Address: _____
Street City State Zip Code

Phone: (Home) _____ (Business) _____ Email: _____

Destination and Purpose: _____

Campsite/Hotel/Lodging: _____

Date & Time of Departure: _____ Date & Time of Return: _____

Girl Scouts Attending: Daisy ___ Brownie ___ Junior ___ Cadette ___ Senior ___ Ambassador ___ Juliette ___
Adult: Female ___ Male ___

Non-Girl Scouts Attending: Girls ___ Boys ___ Adult Females ___ Adult Males ___

First Aider/CPR _____ Date of Certification _____

Camping Certified Adult _____ Date of Certification _____

Nearest Medical Facility _____ Phone _____
Name

Address of Medical Facility _____

Lifeguard (Water Activities Only) _____

Method of Travel - To and From Event: _____ Company's Name: _____

Method of Travel During Event: _____ Company's Name: _____

CERTIFICATE OF INSURANCE MUST BE ON FILE AT GIRL SCOUTS OF CENTRAL MARYLAND FOR ALL BUSES LEASED FOR GIRL SCOUT ACTIVITIES (Council Approval needed; council signature needed for contracts over \$2,000). Submit a brief itinerary of your trip with your trip Application

Emergency Contact Person _____

Address _____
Street City State Zip

Telephone: Home: _____ Business: _____

Budget: Cost of trip \$ _____ Cost per girl \$ _____ Cost per adult \$ _____ Troop/Group Contribution \$ _____

Has troop/group applied for Grant? __Y__N

Statement of Driver(s): I have a valid driver's license __Y__N I have automobile insurance __Y__N

Troop Leader: _____ /___/___
Print Name Signature Date

Service Unit Manager: _____ /___/___
Print Name Signature Date

Membership & Community Development Specialist: _____ / /
 Print Name Signature Date

White Copy – Service Unit Manager or Designee
 Yellow Copy – Membership & Community Development Specialist/Council
 Pink Copy – Troop Leader

03-828
 Reviewed 06/10



Plan 2
Enrollment Form
for Girl Scout Councils



1. Submit the completed enrollment form through the Girl Scout Council for approval.
2. Following Council approval, the Council will send the completed enrollment form and premium (made payable to United of Omaha Life Insurance Company) directly to: Mutual of Omaha Companies, Special Risk Services, P.O. Box 31716, Omaha, NE 68131. Enrollment form and premium must be received by Mutual of Omaha prior to 12:01 a.m. of the first day of the Girl Scout event.

FROM: Girl Scouts Central Maryland
 Name of Council
 Address 4806 Seton Drive
 City Baltimore, Maryland 21215

(Please complete the address portion in full. This will be used to return the Council's verification copy.)

Council approval is required — forms without the appropriate Council signature cannot be processed; troop leaders should not submit enrollments directly to Mutual of Omaha Companies.

Council Code No. 2 1 8

Leader name or name of person submitting this form _____

Please provide Accident Insurance to cover all enrolled participants in the following approved, supervised Girl Scout activities (except statutory employees covered under workers' compensation):

Schedule of Each Event

Name and Location of Event	Beginning Date	Ending Date	Number of Participants	(1)	(2)	(3)	(4)	(5)
				Number of Days	Number Participant Days (1 x 2)	Premium Each Day @ 11¢	Total (3 x 4)	
SAMPLE: CAMPING	2/5/XX	2/9/XX	25	5	125	\$.11	\$ 13.75	
1.						.11		
2.						.11		
3.						.11		
4.						.11		
5.						.11		
TOTAL	N/A	N/A				.11		

Check made payable to UNITED OF OMAHA LIFE INSURANCE COMPANY for the TOTAL PREMIUM shown above is enclosed. MINIMUM PREMIUM is \$5.00, except that several enrollment forms included in one submission may be combined to meet the minimum.

Council Signature _____ Title _____ Date _____

FOR HOME OFFICE USE ONLY

Verification of Coverage to Council		SGS20
Approved as Submitted <input checked="" type="checkbox"/> _____ / /	Approved with Change Marked <input checked="" type="checkbox"/> _____ / /	
Signature	Date	Signature Date

COMPARISON CHART OF THE GIRL SCOUTS INSURANCE PLANS

The following is a high-level comparison of the coverage contained in the Master Policies issues to the Girl Scouts of the USA and underwritten by United Omaha Life Insurance Company. **For further details, please refer to the appropriate Plan Section within this Guide.** All information is subject to the terms and conditions of the Master Policies. Please refer to the brochures for complete information about benefit, exclusions and limitations. Any questions call Special Risk Services at 1-800-524-2324.

	PLAN 1 Accident Insurance Basic Coverage	PLAN 2 Accident Insurance	Plan 3E Girl Participant Accident & Sickness Insurance	PLAN 3P Girl Participant Accident & Sickness Insurance	PLAN 3PI Girl Participant Accident & Sickness Insurance for International Trips	International Inbound Accident & Sickness Insurance for Girl Guides/Girl Scouts Visiting the USA
ELIGIBILITY	Every registered Girl Scout and registered Adult Member	All participants of a participating Girl Scout Council	All participants of a participating Girl Scout Council	All participants of a participating Girl Scout Council	All participants of a participating Girl Scout Council	Councils who are hosting Girl Guides/Girl Scouts visiting the United States.
COVERAGE (any approved and supervised Girl Scout Activity)	Lasting two consecutive nights or less	Lasting more than two nights	Lasting more than two nights	Lasting more than two nights	Lasting more than two nights	Coverage provided 24 hours a day for Girl Guides/Girl Scouts visiting the United States. This coverage replaces that previously provided under the J1 Visa coverage.
PREMIUM RATES	The cost is paid by Girl Scouts of the USA	The cost is \$.11 per participant per calendar day or portion thereof	The cost is \$.29 per participant per calendar day or portion thereof	The cost is \$.70 per participant per calendar day or portion thereof	The cost is \$1.17 per participant per calendar day or portion thereof	The cost is \$3.00 per person per calendar day.
BENEFITS & AMOUNTS						
For Accidental Death	\$15,000	\$15,000	\$15,000	\$15,000	\$15,000	NOT INCLUDED
For Accidental Dismemberment	Up to \$20,000	Up to \$20,000	Up to \$20,000	Up to \$20,000	Up to \$20,000	NOT INCLUDED
For Paralysis	\$20,000	\$20,000	\$20,000	\$20,000	\$20,000	NOT INCLUDED
Medical Expenses Accidents	Up to \$15,000	Up to \$15,000	Up to \$15,000	Up to \$15,000	Up to \$15,000	Up to \$50,000
Dental Treatment	Up to \$4,000 for treatment and/or replacement of sound natural teeth	Up to \$4,000 for treatment and/or replacement of sound natural teeth	Up to \$4,000 for treatment and/or replacement of sound natural teeth	Up to \$4,000 for treatment and/or replacement of sound natural teeth	Up to \$4,000 for treatment and/or replacement of sound natural teeth	Up to \$50,000 for treatment and/or replacement of sound, natural teeth

	PLAN 1 Accident Insurance Basic Coverage	PLAN 2 Accident Insurance	Plan 3E Girl Participant Accident & Sickness Insurance	PLAN 3P Girl Participant Accident & Sickness Insurance	PLAN 3PI Girl Participant Accident & Sickness Insurance for International Trips	International Inbound Accident & Sickness Insurance for Girl Guides/Girl Scouts Visiting the USA
Medical Expenses Sickness	NOT INCLUDED	NOT INCLUDED	Up to \$10,000	Up to \$10,000	Up to \$10,000	Up to \$50,000
Non-duplication Provision	First \$130.00 then medical expenses excess to other insurance	First \$130.00 then medical expenses excess to other insurance	First \$130.00 then medical expenses excess to other insurance	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
For Return Transportation Expense	NOT INCLUDED	NOT INCLUDED	Pays transportation expense incurred up to \$1,500	Pays transportation expense incurred up to \$1,500	Benefits for Return Transportation Expense will be coordinated and paid by AXA Assistance-USA in conjunction with their Travel Assistance Services	Pays transportation expense incurred up to \$10,000
Repatriation Expense	NOT INCLUDED	NOT INCLUDED	Pays up to \$1,500	Pays up to \$1,500	Benefits for Repatriation Expense will be coordinated and paid by AXA Assistance-USA in conjunction with their Travel Assistance Services	Pays transportation expense incurred up to \$10,000
Air Ambulance Service	Up to \$4,000	Up to \$4,000	Up to \$4,000	Up to \$4,000	Benefits for Air Ambulance Service will be coordinated and paid by AXA Assistance-USA in conjunction with their Travel Assistance Services	Included in Return Transportation Expense
Surface Ambulance Service	Up to \$2,500	Up to \$2,500	Up to \$2,500	Up to \$2,500	Up to \$2,500 under coverage provided by United of Omaha. In the event of a medical evacuation or repatriation, surface transportation benefits available through AXA Assistance-USA in conjunction with their Travel Assistance Services	Included in Return Transportation Expense
Counseling Benefit	Up to \$1,500	Up to \$1,500	Up to \$1,500	Up to \$1,500	Up to \$1,500	NOT INCLUDED

