



## COVID-19 EXPERIENCE MANAGEMENT FORM

Any Girl Scout Troop, Group or Individual who is planning any , overnight camping experience or Service Unit planing an in-person event or program is required to complete the following C O V I D - 1 9 Experience Management Form to assist in their efforts to plan and execute a safe experience. This document must be submitted to the Girl Scouts of Central Maryland in conjunction with your request for permission to participate in, or host, any of the aforementioned experiences. You must also maintain a copy of this document with your troop's/group's health records and emergency plan. Please use additional pages if necessary to full convey your COVID-19 Management Plan.

### Experience Details

<b>Type of Experience:</b>	Service Unit Event or Program	Camping/Overnight Experience
<b>Location:</b>	<i>Address</i>	<i>City</i> <i>Zip</i>
<b>Location(s) Capacity (pre-COVID-19)</b>		
<b>Experience Date:</b>	<i>Start Date</i>	<i>End Date</i>
<b>Anticipated Number of Participants:</b>	<i>Girls</i>	<i>Adults</i>
<b>Briefly Describe Planned Activities:</b>		

### Reminder Checklist

Below is a basic checklist of items that should be considered in planning your program/event/experience. We recognize that not all checklist items will be applicable to all programs/events/experiences. This is not intended to be an exhaustive list and additional information should be provided as necessary to provide GSCM with the full scope of your intended plan to aid in maintaining COVID-19 safety.

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|---------------------|------------------------------|--------------------------------|
| ➤ Symptom Screening | ➤ Social Distancing          | ➤ Sanitization of Common Items |
| ➤ Face Coverings    | ➤ Hand Sanitization Stations | ➤ Food/Eating Safety           |
| ➤ Sleeping Safety   | ➤ Signage                    | ➤ Reporting of Illness         |

## Plan

### **Pre-Check and Signage:**

Please describe all pre-checks (e.g. symptom checking systems) and signage that will be in place. Consider posting signage listing COVID-19 symptoms, asking participants/attendees to stay home if sick/feeling ill, telling participants/attendees where to go if feeling ill, outlining mask requirements, and encouraging physical distancing.

### **Keep A Record of Attendees:**

Please describe how you will record the name and contact information for each attendee, along with seating/sleeping/group/cohort assignments or designated sitting/standing/activity areas, to help contact potential exposures.

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**Physical Distancing:**

Please describe your plan to maintain appropriate physical distancing throughout the program/event/experience. It is anticipated that physical distancing will be encouraged and maintained as often as possible. A 6-foot distance is strongly recommended between household groups at all times, including while seated/sleeping/participating in programs, even if not required by the county/city or state.

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**Measures in Place when Physical Distancing is not Possible:**

It is understood that it may not be possible to maintain physical distancing at all times during your program/event/experience. Please describe you plan to “slow the spread”. Consider masks, sanitization stations, placement of “mask-free areas”.

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**Additional Safeguards:**

Please share any additional planned safeguards or measures being enacted.

**Signature:**

By signing this document, I certify that I understand the dangers of COVID-19 and that I will comply with reasonable safeguards as outlined in this detailed plan and required by the CDC, State and Local Government and Girl Scouts of Central Maryland.

<i>Printed Name</i>	<i>Signature</i>	<i>Date</i>
<i>Title</i>	<i>Phone (Mobile)</i>	<i>Email</i>

Approved by GSCM

Denied by GSCM	<i>GSCM Staff Name</i>	<i>GSCM Staff Signature</i>	<i>Date</i>
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