



Traveling Troops Guide

Use this guide when planning ANY Girl Scout travel that will last **3 nights or longer**

Girl Scouts of Wisconsin – Badgerland
4801 S Biltmore Ln
Madison, WI 53718
800-236-2710
www.gsbadgerland.org

Traveling Troops Guide

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Read thoroughly. It contains information about required paperwork and safety when traveling with Girl Scouts. **This paperwork is required for your trip to be “Council Approved” and covered under the GSUSA Activity Insurance policy.**

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OTHER PLANNING RESOURCES

Check out these other helpful resources as you are planning your trip.

GSUSA Global Travel Toolkit – This comprehensive resource can be useful for domestic and international trips. It will walk you and the girls through the full planning process for a trip. This process includes budgeting, activity planning, packing and much more. Download the full packet or just the portions that apply to your trip. Find it at: <http://forgirls.girlscouts.org/travel/resources/global-travel-toolkit/>.

WAGGGS – If you are planning an international trip, visit the WAGGGS (World Association of Girl Guides and Girl Scouts) website at www.wagggs.org to find out if there is a Girl Guide or Girl Scout organization in the country you are visiting. This website will connect you with the website and resources for their individual organizations and more information. This site also will link you to the sites for the World Centers.

Planning an Extended Trip

What is an extended trip? An extended trip is defined as one lasting three or more nights, which, in turn, requires additional insurance and a specific application process. Trip content may range from an extended weekend in your home county to 10 days exploring historical sites hundreds of miles away or a week-long trip to Europe.

Does this apply to GSUSA destinations or getaways? No. All Destinations and Getaways are approved through the host council and GSUSA, therefore, they are fully covered.

What are the requirements for an Extended Trip?

- The members (girl and adult) of the travel group are all current registered Girl Scouts.
- No less than two unrelated, Council approved and registered adults are accompanying the traveling troop. You may need more adults based on the appropriate ratios of girls to adults as outlined in *Volunteer Essentials*.
- The leaders/chaperones/parents who accompany the troop/group are over 21 years of age and approved (background checked by Badgerland Council) registered volunteer members of the Girl Scouts.
- Troops have gone through an appropriate progression of activities leading up to this trip (i.e. shorter trips that culminate in this one). See page 99 in *Volunteer Essentials* for progression information.
- Troops are required to plan their itinerary so their travels are within 60 minutes of an emergency facility or secure a Level II First Aider. **(According to *Volunteer Essential on page 70 under First Aid/CPR and the Safety Activity Checkpoints as applicable to activities.*)**
- If specialized activities (swimming, boating, rock climbing, etc.) are expected on the trip, make sure to follow all requirements for First Aid/Lifeguard support and Activity Instructors as outlined in the **Safety Activity Checkpoints**.
- All transportation used and drivers must meet the standards found in *Volunteer Essentials* under "Transporting Girls". All bus companies must be approved through Badgerland Council. See the Girl Scout Friendly Business List at www.gsbadgerland.org for a list of approved vendors. To add a bus company to the list, contact 800-236-2710.
- Additional Girl Scout Activity Insurance is **mandatory for trips 3 nights and longer**. See page 13 of this packet for more information about purchasing activity insurance.
- All forms have been read, understood, completed and submitted according to the checklist on page 4.

What are the additional requirements for International Travel?

- Be registered Girl Scout Cadettes or above.
- Travel as a group. If you are considering individual travel, refer to the GSUSA Destination webpage for opportunities for girls that wish to travel alone.

Are there any special considerations to remember?

- The leader has the knowledge and the skills required for the type of trip planned and has worked with the troop/group in helping them plan and develop their ideas for the trip.
- The leader assumes the responsibility of keeping parents/guardians informed of the itinerary, costs and program activities.
- Activities should be planned with consideration for physical and mental abilities, physical condition and endurance of all girls based on previous progressive troop experiences.
- All members are aware they are representing the Girl Scout organization wherever they go.
- When visiting a WAGGGS (World Association of Girl Guides and Girl Scouts) World Center or interacting with Girl Guides or Girl Scouts from other countries, a Girl Scout uniform is expected. See www.wagggsworld.org for more information about WAGGGS.

Steps to Approval

What is the timeline to planning a trip and getting it approved?

6-12 Months prior to the trip

- Review the travel progression chart in the Volunteer Essentials – Appendix: For Travel Volunteers on page 99.** Have you gone on other trips to prepare your troop for an extended trip? Have you taken the required adult training sessions (TOC I & TOC 2)?
- Decide where you are going.** Many troops go to Savannah, New York and California. Where will you go?
- Do research and make a budget for the trip.** Find out how much it will cost for your transportation, housing, and activities. This information will also be helpful to have broken down by individual girl and adult so everyone is aware of how much the trip may cost “out of pocket” and how hard the girls need to work on securing funds.
- Decide how many adults will be going on the trip.** Will all parents be expected or invited to come, or will you only take enough to meet the safety ratios? Troop funds should only be used for adults required to meet safety ratio.
- Decide on when you will do the trip.** The decision on timing may be dependent on many factors including school breaks/holidays, and the amount of money needed to be raised.
- Start your fundraising.** Maybe you have been saving for many years, or maybe you are just getting started. All fund raising starts with the Cookie Program and *In a Nutshell* fall product sale. After that, remember to get approval from your Leadership Development Specialist if you need additional fund raising.

No Less Than 3 Months prior to the trip

- Turn in a Badgerland Council Intent to Travel Form.** Notify the Leadership Development Specialist for Global Girl Scouting that you are planning a trip so she can assist and connect you with resources you may need.
- Get Parental Permission.** Get all permission slips signed and have the parents sign a commitment to paying any fees agreed upon by the troop.
- Make your arrangements and reservations.** Reserve hotel, book flights and set up tours or visits to attractions.

2 Months prior to the trip

- Get all paperwork signed and returned for both the girls and the adults.** See the next page for information on all required individual paperwork including full health histories and permission to treat forms.
- Turn in your Trip Approval Form and Travel Insurance Request Form (due 6-8 weeks prior to your trip).** Get final trip approval from the Leadership Development Specialist for Global Girl Scouting and provide a copy of your final itinerary. Turn in your request for extended insurance (and payment) that is required for all trips three nights or more. Turning in these forms early gives ample time for final adjustments that need to be made to get full trip approval.
- Make all final arrangements.** Also confirm all travel, lodging, tours and reservations.

After Your Trip

- Upon your return, fill out a trip evaluation, send in pictures and tell us how it went.** We always welcome photos of girls that have gone on trips. Give us a run down on things that went well and what you would do differently next time. You will receive this evaluation from the LDS for Global Girl scouting shortly after you return.

Are there any extra steps for an INTERNATIONAL Trip?

6-12 Months prior to the trip

- Check with US Department of State (www.state.gov/travel)** to find out if there are any travel alerts or restrictions on traveling to the location you have chosen. Continue to check back and do periodic “travel climate checks”. Check on the requirements of any visas or documentation needed.

No less than 3 months prior to the trip

- Research your communication methods.** Cell and smart phones bought in the US may not work in other countries. You may need to purchase international plans or international calling cards.
- Discuss culture shock with the girls.** Research and discuss any cultural differences your group will need to be aware of. This may include information about identifying your group as “American” and whether it is appropriate to be “low key” while on your trip. Remind the girls that they are guests in someone else’s country. See www.state.gov/travel for more information.
- Make sure all girls have their passports and the parents have turned in a “Permission to Travel Form for Minors.”** These forms are required for minors to leave and enter the US and other countries without their parents.
- Apply for all visas and notify the US Embassy of your travel plans** through the US Department of State website (www.state.gov/travel).

2 months prior to the trip

- Purchase Travel Insurance.** See page 13 of this packet for information about the Girl Scout travel insurance plans and information on how to apply for coverage.
- Submit the GSUSA Intent to Travel Application.** GSUSA tracks all international travel by Girl Scouts and can make connections with Girl Guides and Girl Scouts in the country you are visiting so that you can learn more about their organization.

Required Paperwork

What is all of the paperwork we need to be aware of for the troop to get trip approval from Badgerland Council?

Form	Domestic	International	Due Date
Intent to Travel Application	X	X	As soon as you choose a destination
Trip Approval Form	X	X	6-8 Weeks Prior to the Trip
Travel Insurance Request	X	X	6-8 Weeks Prior to the Trip
GSUSA Intent to Travel		X	6-8 Weeks Prior to the Trip

What is the required paperwork for individual girls?

Form	Domestic	International
Permission Slip	X	X
Girl Health History and Exam Form	X	X
Authorization for Medical Treatment for Minors	X	X
Permission to Travel Form for Minors		X
Passport		X

Is there required paperwork for adult chaperones?

Form	Domestic	International
Adult Health History and Exam Form	X	X
Authorization for Medical Treatment for Adults		X
Passport		X

Where can I find all of the paperwork?

- **Intent to Travel Application** – [page 6](#)
- **Trip Approval Form** – [page 8](#)
- **Travel Insurance Request** – [page 13](#)
- **GSUSA Intent to Travel** – [page 24](#)
- **Traveling Troops Permission Slip** – [page 8](#)
- **Girl Health History and Exam Form** – [page 15](#)
- **Authorization for Medical Treatment for Minors** – [page 18](#)
- **Permission to Travel Form for Minors** – [page 19](#)
- **Passport Applications** – See the US Department of State Website @ www.state.gov/travel
- **Adult Health History and Exam Form** – [page 20](#)
- **Authorization for Medical Treatment for Adults** – [page 23](#)



Intent to Travel Form

Please complete and turn in this form to the Leadership Development Specialist for Global Girl Scouting to notify Badgerland Council that you are planning an extended trip.

It may be dropped off or mailed to any of the Badgerland Council service centers.

Deadline: 3 Months to 1 Year in Advance of Travel

Leader's Name: Phone: E-mail:

Troop #: Membership Area #: City/State/ZIP:

Troop Level: [] Brownie [] Junior [] Cadette [] Senior [] Ambassador

Dates & Times Traveling (departure and return):

Stops & Destination (be as detailed as possible-use a separate sheet as necessary):

Purpose of the trip:

Means of Travel (please list all used-train, plane, bus, RV, etc.):

Accommodations (campground, hostel, hotel, etc.):

Chaperones responsible on trip (name, address, phone number); Chaperones must be Badgerland Council approved (having passed a background check) and registered adults. (Not all of these need to be 01's or 02's.)

Name: Phone: Email:

Name: Phone: Email:

Name: Phone: Email:

Other Adults Participating (name only); All adults must be a background checked and registered.

At Home Emergency Contact (adult not traveling with group):

Home Phone: Cell Phone:

This section for Office Use Only. To be completed by the LDS – Global Girl Scouting.

[] This plan for travel meets the criteria for traveling troops and planning may proceed.

[] This plan for travel does not meet the criteria for traveling troops. Notes:

Signed: Date:
Leadership Development Specialist – Global Girl Scouting

Girl Scout Service Center-
Janesville
3000 Milton Ave, Suite 113
Janesville, WI 53545

Girl Scout Service Center-
La Crosse
2710 Quarry Road
La Crosse, WI 54601

Girl Scout Service Center-
Madison
2710 Ski Lane
Madison, WI 53713

Girl Scout Service Center-
Platteville
305 East Highway 151, Suite D
Platteville, WI 53818



Traveling Troops Permission Slip

For troop events or activities, and trips that last three or more nights.
If this is for an international trip the Permission to Travel Form for Minors must accompany this form.

Please return this form to your Troop Leader by _____

Troop # _____ is planning an extended trip to: _____

The cost for each girl will be: \$ _____

On the following date(s): _____

The troop will leave from: _____ at: _____

and return to: _____ at: _____

Specialized equipment or clothing required (a packing list and/or itinerary may be attached): _____

The leaders/adults in charge are: _____ Phone: (____) _____

_____ Phone: (____) _____

In case of emergency or change of plans, the troop leader will call you at the number you provide below. If you need to contact the group while they are away (for emergencies only), please call: _____ at (____) _____. This contact will have the troop itinerary and emergency numbers.

Parent/Guardian: please keep this portion for your records.
Please return the bottom portion to the leader by (date): _____

CUT HERE

Parent Permission Slip

My daughter _____ will be attending will NOT be attending

the group outing to: _____ on (date/s) _____.

We can be reached by phone at: _____ OR _____.

I will make sure she does not attend if she is ill and I will let the leader know as soon as possible.

My daughter has the following allergies or physical limitations (this form does not replace the medical history/health form):

Please Check All That Apply:

- I will drive (all drivers and chaperones must have a current background check on file with Badgerland Council).
I will chaperone (all drivers and chaperones must have a current background check on file with Badgerland Council).
Fee for outing enclosed/attached
Other: _____

Parent/Guardian Signature: _____ Date: _____

Girl Scout Service Center- Janesville
3000 Milton Ave, Suite 113
Janesville, WI 53545

Girl Scout Service Center- La Crosse
2710 Quarry Road
La Crosse, WI 54601

Girl Scout Service Center- Madison
2710 Ski Lane
Madison, WI 53713

Girl Scout Service Center- Platteville
305 East Highway 151, Suite D
Platteville, WI 53818



Trip Approval Application

Please turn in this form to the LDS for Global Girl Scouting 6-8 weeks prior to your trip and before finalizing all reservations. You may drop it off or mail it to any Badgerland Council service center.

Troop: _____ planning an: Extended Trip International Trip
Date(s): _____ Time(s): _____
Location/Destination(s): _____

Arrangements for Transportation:

Time and place of departure: _____
Time and place of return: _____
Mode of transportation: _____

Each girl will need (or attach a packing list):

Specialized equipment and/or clothing: _____

Expenses: _____

In case of an emergency, the volunteer(s) will notify:

Name (list in priority order):	Phone Number :	Secondary Number:

The emergency contact is responsible for contacting parents/guardians and Badgerland Council in the case of an emergency.

Troop Leader Contact Info:

Name: _____ Phone(s): _____
Address: _____ City, St, ZIP Code: _____
Email Address: _____

Trip Leader, Assistant Trip Leader, First Aider and other Adults on trip:

Name	Role (Trip Leader, Assistant, etc.)	Gender (M/F)	Age	Certifications (include First Aid, CPR, WFA, WFR)*

*Please include copies of certifications for verification.



Accommodations (Hotels, Motels, Hostels, Campgrounds):

Date(s)	Name	Address	Telephone Number

Activities Planned (Rock Climbing, Swimming, Hiking, Backpacking, etc.) (Attach extra pages as needed):

Activity Description:		Specialized Equipment:	
Region/Location:	Days & Dates of Activity:	Distance from Emergency Medical Care:	Level of First Aid Required:

Activity Description:		Specialized Equipment:	
Region/Location:	Days & Dates of Activity:	Distance from Emergency Medical Care:	Level of First Aid Required:

Activity Description:		Specialized Equipment:	
Region/Location:	Days & Dates of Activity:	Distance from Emergency Medical Care:	Level of First Aid Required:



Emergency Action Plan (Review this with all of the adults prior to departure)

1. Who is the primary First Aider and/or decision maker in an emergency situation? _____
2. Who is the secondary First Aider and/or decision maker? _____
3. Who makes decisions in the event of inclement weather? _____
4. How would evacuation happen? _____

First Aid Kits

Number of Kits	Location (be specific):	Type of Kit (Blister, Trauma, Basic First Aid):

Non-Emergency Action Steps:

Include steps for behavior problems, illness, and change of plans. A behavior contract should be agreed upon by all participants before departure.

Disobeying Behavior Agreement 1st Offense: _____

Disobeying Behavior Agreement 2nd Offense: _____

Disobeying Behavior Agreement 3rd Offense: _____

Other: _____

Resources

Agency Contacts and Emergency Contacts

List emergency phone numbers for the area where your trip will be. Indicate if numbers are only 8 AM-5 PM or available after hours. For international trips, please include the locations of US Embassies and other agencies. Add additional sheets if necessary.

Agency	Address	Telephone	8-5 or After Hours

For Office Use Only!	
This form was received on:	_____
This trip is: <input type="checkbox"/> Approved <input type="checkbox"/> NOT approved	
Notes: _____	
This form was reviewed by:	_____

CC: Emergency Contact _____

Trip Leader(s) _____

Travel Insurance

GSUSA mandates that for any trip exceeding two nights (not on a holiday weekend), a troop/group must take out additional activity insurance through the GSUSA insurance plans. These plans are extremely affordable and provide the security of being covered while traveling with Girl Scouts. Below is a description of those plans so you can choose the one that will suit your needs. All insurance plans are through Mutual of Omaha and you can find more detailed information at: http://www.mutualofomaha.com/girl_scouts_of_the_usa/index.html. The form to apply for extended insurance can be found on the next page.

If you are planning a domestic (US) extended trip you may choose between Plan 2, 3E or 3P. If you are planning an international trip, you must choose Plan 3PI. All insurance plans must be applied for through the Girl Scout Council using the form on the next page. You may call and ask for anyone in our Finance Department to get more details if you require them.

Plan 1

Accident Insurance Basic Coverage

All registered Girl Scouts are covered under this plan automatically for basic Girl Scout activities.

Plan 2

Accident Insurance

(This is the recommended level of insurance to purchase for a domestic trip.)

This is the first level of optional insurance for trips lasting more than two nights. This insurance provides extra coverage for event participants in the case of an accident during a Girl Scout activity. Medical Expenses and Sickness are NOT covered. Return Transportation Expenses and Repatriation (getting back to the US) Expenses are also not covered. This insurance costs \$0.11 per participant per calendar day or portion thereof. There is a minimum of \$5 per event.

Plan 3E

Accident & Sickness Insurance

In addition to what is covered under the previous plans, this plan covers Return Transportation and Repatriation up to \$1500. It also covers Medical/Sickness Expenses up to \$10,000. This insurance costs \$0.29 per participant per calendar day or portion thereof. There is a minimum of \$5 per event.

Plan 3P

Accident & Sickness Insurance

This plan is basically the same as Plan 3E. The only difference is that the Nonduplication Provision has been taken out of the plan. In the previous plans only the first \$130 was covered and then all remaining balance was transferred to other insurances (family or personal insurance). This insurance costs \$0.70 per participant per calendar day or portion thereof. There is a minimum of \$5 per event.

Plan 3PI

Accident & Sickness Insurance for International Trips

This plan covers Return Transportation and Repatriation costs through AXA Assistance-USA in conjunction with their Travel Assistance Services. It also provides other ambulance services through that same organization. This plan costs \$1.17 per participant per calendar day or portion thereof. There is a minimum of \$5 per event.

To apply for extended insurance please fill out the form on the next page and turn it in to Badgerland Council at least 6-8 weeks prior to your trip.



Request for Additional Activity/Overnight Insurance for Traveling Troops

This must be received by the Badgerland Council at least 6-8 weeks prior to the activity/overnight along with payment.

Troop #: _____ Membership Area #: _____ City/Town: _____

I am applying for: Plan 2 Plan 3E Plan 3P Plan 3PI

Troop Level: Brownie Junior Cadette Senior Ambassador

Leader's Name: _____ Home Phone:(____)

E-mail: _____ Cell Phone:(____)

Address: _____

City: _____ State: _____ ZIP: _____

Date(s) of the Event: _____

Name of the Event: _____

Location of the Event: _____

All girls and adults who participate in troop activities are required to be registered Girl Scouts.

Please fill out the information below for all girls and adults that will be participating in your extended trip of three or more nights.

Number of participants _____ X Number of days _____ X current insurance rates = \$ _____

Table with 3 columns: Name, Address, Phone. Multiple empty rows for data entry.

Please use an additional sheet if necessary

Please contact the Finance Department at 800-236-2710 for current insurance rates or with questions.

Please attach check(s) made payable to GSWIBC (Girl Scouts of Wisconsin - Badgerland Council) and mail this form to your local Badgerland Council Service Center (Attn: Accounting Manager).

Girl Scout Service Center- Janesville 3000 Milton Ave, Suite 113 Janesville, WI 53545

Girl Scout Service Center- La Crosse 2710 Quarry Road La Crosse, WI 54601

Girl Scout Service Center- Madison 2710 Ski Lane Madison, WI 53713

Girl Scout Service Center- Platteville 305 East Highway 151, Suite D Platteville, WI 53818

Girl Scouts of Wisconsin – Badgerland Council

Girl Health History and Exam Form

Health History: The more complete information you provide, the better we are able to work with your child to ensure she receives the care she needs in an emergency.

Medical Examination: A medical examination is completed for trips lasting more than three nights. The examination is completed by a licensed physician, nurse practitioner, physician's assistant or registered nurse within the preceding 24 months unless a health issue is present. If your daughter has a major health issue, please update this form as her status or issue changes.

Please type or write clearly and legibly.

Name of Minor: (Last, First, Middle Initial)	Date of Birth: (XX/XX/XXXX)		
Address:	City:	State:	ZIP:
Parent or Guardian:	Phone:	Alternate Phone:	
Parent or Guardian:	Phone:	Alternate Phone:	

Emergency Contact Information (parent/guardian):

Emergency Contact:	Relationship:
Phone:	Alternate Phone:

Health Insurance Information (Family insurance is primary insurance in case of accident or illness, Girl Scout insurance is supplementary.)

Policy Holder's Name:	Policy Number:
Insurance Company Name:	Group Number:
Insurance Company Address:	Insurance Company Phone:

Check all that apply (past and present) and explain in detail checked answers:

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Sleep disturbances
<input type="checkbox"/> Heart Defects/Disease	<input type="checkbox"/> Fainting
<input type="checkbox"/> Asthma	<input type="checkbox"/> Bed wetting
<input type="checkbox"/> Ear Infections	<input type="checkbox"/> Constipation
<input type="checkbox"/> Musculoskeletal Disorders	<input type="checkbox"/> Chicken Pox DATE: _____
<input type="checkbox"/> Convulsions/Epilepsy/Seizures	<input type="checkbox"/> Measles DATE: _____
<input type="checkbox"/> Sinusitis (Sinus Infections)	<input type="checkbox"/> German Measles DATE: _____
<input type="checkbox"/> Physical Restrictions	<input type="checkbox"/> Mumps DATE: _____
<input type="checkbox"/> Kidney/bladder illness	<input type="checkbox"/> Rheumatic Fever
<input type="checkbox"/> Mental/psychological disorder	<input type="checkbox"/> Tuberculosis
<input type="checkbox"/> Hypertension	<input type="checkbox"/> Kidney Disease
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Eating Disorders (Anorexia, Bulimia, etc.)
<input type="checkbox"/> Nosebleeds	<input type="checkbox"/> Headaches/Migraines
<input type="checkbox"/> Has begun menstruation	<input type="checkbox"/> Had surgery or hospitalized in the last 5 years
<input type="checkbox"/> Menstrual cramps	<input type="checkbox"/> Currently under doctor's care
<input type="checkbox"/> Bleeding disorder	<input type="checkbox"/> Emotional – Separation Anxiety
<input type="checkbox"/> Other:	

Please explain in detail all checked answers marked above (use additional pages as necessary):

Girl Name: _____ **Date:** _____

Allergies: Please list all allergies, the type of reaction and its severity, treatment and date of last reaction. Include allergies to medications, food, bees, animals, plants, etc.

Allergies	Reaction/ Severity	Treatment	Date of last Reaction
1.			
2.			
3.			

Does your daughter suffer from Anaphylaxis? Yes No

*Anaphylaxis is a severe allergic reaction marked by swelling of the throat or tongue, hives, and trouble breathing.

Does your daughter carry an EpiPen? Yes No

Does your daughter carry an inhaler? Yes No

Medical Conditions (including any precautions or restrictions on activities)

Name of Condition	Effects
1.	
2.	
3.	

Medications: List any medications she is currently taken (or has taken in the recent past) including dosage schedule and specific instructions for use. Also, please indicate (Yes/No) if minor is allowed to take the medication on her own or if she should be monitored by an advisor. This would include any type of birth control, EPI Pens or inhalers.

Medication	Purpose	Dosage Schedule	Specific Instructions	Self-Medicating? (Yes/No)
1.				
2.				
3.				
4.				
5.				

Over-the-Counter Medications: My daughter has permission to take over-the-counter medications in case of accident or injury. Please check all that she has permission to take:

- | | |
|--|--|
| <input type="checkbox"/> Tylenol/Acetaminophen | <input type="checkbox"/> Imodium (anti-diarrhea) |
| <input type="checkbox"/> Aspirin (fever reducer) | <input type="checkbox"/> Dramamine (motion sickness prevention) |
| <input type="checkbox"/> Ibuprofen (pain/swelling) | <input type="checkbox"/> Skin Ointments (in case of rash, antibacterial, athlete's foot, etc.) |
| <input type="checkbox"/> Benadryl/Antihistamine | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Robitussin/expectorant | _____ |
| <input type="checkbox"/> Sudafed/decongestant | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Pepto Bismol | _____ |
| <input type="checkbox"/> Tums/antacid | |

Special considerations or notes regarding over-the-counter medications:

*Please be aware for international travel that other over the counter medications may be available in the host country. To be sure your daughter takes the appropriate medication, please pack enough for her whole trip in her checked bags. Refer to your airline policies for how to pack medications.

Does your child have a Special Medical or Dietary Regimen to be followed? Yes No

If so, please explain: _____

Have you ever had any adverse reactions to general anesthetics? Yes No

If so, please explain: _____

Any other information not covered in this form that is important for advisors on this trip to know: _____

Girl Name: _____ **Date:** _____

(This section is to be completed by a physician, RN, etc. after the review of health history with parent/guardian. Parent/Guardian must complete all the information of the Health History to the best of their knowledge and sign before meeting with licensed professional.)

Medical Examination – Must be completed in detail.

Height: _____	Weight: _____	B. P.: _____/_____	Hearing: R _____ L _____
Eyes: With Glasses R 20/_____ L 20/_____		Without Glasses R 20/_____ L 20/_____	
Code: S = Satisfactory NS = Not Satisfactory NE = Not Examined			
_____ Nose	_____ Abdomen	_____ Urinalysis	Other: _____
_____ Throat	_____ Hernia	_____ HGB	_____
_____ Teeth	_____ Genitalia	_____ Appearance/Nutrition	_____
_____ Heart	_____ Skin	_____ General Physical State	_____
_____ Lungs	_____ Musculoskeletal	_____ General Emotional State	_____

*Girls should have this test if she had not had it since entering puberty.

Record of Immunization – Must be completed in detail.

	Date Series was Completed	Year of Last Booster		Date Series was Completed	Year of Last Booster
Hep B	_____	_____	Typhoid	_____	_____
DTap/Tdap	_____	_____	Paratyphoid	_____	_____
DT/Td	_____	_____	Cholera	_____	_____
Hib	_____	_____	Yellow Fever	_____	_____
IPV/OPV	_____	_____	Typhus	_____	_____
PCV7	_____	_____	Rocky Mountain	_____	_____
MMR	_____	_____	Spotted Fever	_____	_____
Varicella	_____	_____	Tuberculin Test: Year last given	_____	Result _____
Other:			Not required immunizations, but recommended		
_____	_____	_____	HPV	_____	_____
_____	_____	_____	Rota	_____	_____
_____	_____	_____	MCV4/MPSV4	_____	_____
_____	_____	_____	Hep A	_____	_____
_____	_____	_____	TIV/LAIV	_____	_____

Personal and religious beliefs dictate against immunizations: Yes No

Parent/Guardian Signature: _____ **Date:** _____

Physician Information

Licensed Physician Name: (Last, First, Middle Initial)	Phone Number:		
Address:	City:	St:	ZIP:

This person is in satisfactory condition and may engage in all usual activities, including physically demanding activities except as noted.

Signature of Licensed Physician: _____
State License Number: _____ **Date:** _____

HEALTH INFORMATION PRIVACY STATEMENT

The **Girl Health History and Exam 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 for the specific event. Minimal necessary information may be shared with event staff/volunteers in order to provide adequate participant safety and health care. This form will be retained for three years past the age of majority of the participant in the event of medical treatment during the event. Access to the information will be limited. Copies may be requested from the event sponsor, by the participant, or by their legal representative. I have read the above procedures for handling the health and medical form and I agree to the release of any records necessary for treatment, referral, billing or insurance purposes.

This Girl Health History and Exam is complete and accurate. My daughter has permission to engage in all prescribed activities, except as noted by me and the examining physician.

Signature of Parent/Guardian: _____ **Date:** _____

Girl Scouts of Wisconsin – Badgerland Council Authorization for Medical Treatment for Minors

If your child needs medical or dental attention, you as a parent must give permission. For those times when it will be hard to contact you, you can give permission to other adults. They can then act for you in permitting medical or dental care for your child when you are not available. This is a legal document. With it, you may appoint other adults to act for you. *This document will be kept with the responsible adult(s).*

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

I/We, _____ and _____ being the parent(s) or legal guardian(s) of the named minor, _____, do hereby appoint:

Name(s):	Address:	Phone:
1.		
2.		
3.		
4.		
5.		

To act on my/our behalf in authorizing unexpected medical, dental, surgical care and hospitalization for the above named minor during the period of my/our absence from: _____ (date(s) of travel). *This document shall be presented to a physician, dentist or appropriate hospital representative at such time as unexpected medical, dental, surgical care or hospitalization may be required.*

Please sign this section in front of a notary.

Signature of mother or guardian: _____

Typed/printed name of mother or guardian: _____

Signature of father or guardian: _____

Typed/printed 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.

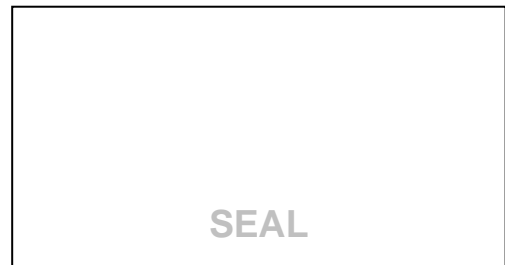
Given under my hand and official seal this _____ day of _____, [year].

Notary Signature: _____

Notary Printed Name: _____

Notary Public in and for the State of _____.

My appointment expires on _____.



Girl Scouts of Wisconsin – Badgerland Council

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 sole custodial parent or deceased, there **MUST** be legal proof/documentation of this status.

GIRLS UNDER 18 WILL NOT BE ABLE TO BOARD AN 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 adults that will be accompanying the minor:

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

Please sign this section in front of a Notary.

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.

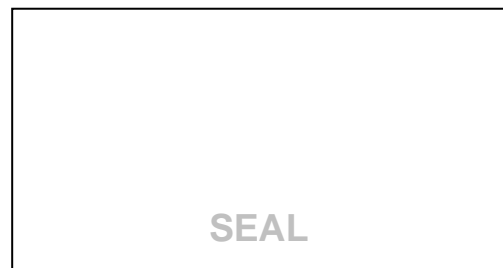
Given under my hand and official seal this _____ day of _____, [year].

Notary Signature: _____

Notary Printed Name: _____

Notary Public in and for the State of _____.

My appointment expires on _____.



Girl Scouts of Wisconsin – Badgerland Council Adult Health History and Exam Form

Health History: The more complete information you provide, the better we are able to work with you to ensure you receive the care you need.

Medical Examination: A medical examination is completed for trips lasting more than three nights. The examination is completed by a licensed physician, nurse practitioner, physician's assistant or registered nurse within the preceding 24 months unless a health issue is present. If you have a major health issue, please update this form as your status or issue changes.

Please type or write clearly and legibly.

Name of Adult: (Last, First, Middle Initial)		Date of Birth: (XX/XX/XXXX)		Sex: M F	
Address:			City:	State:	ZIP:
Phone:			Alternate Phone:		

Emergency Contact Information:

Emergency Contact:		Relationship:	
Phone:		Alternate Phone:	

Health Insurance Information (Family insurance is primary insurance in case of accident or illness, Girl Scout insurance is secondary.)

Policy Holder's Name:		Policy Number:	
Insurance Company Name:		Group Number:	
Insurance Company Address:		Insurance Company Phone:	

Check all that apply (past and present) and explain in detail checked answers:

<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Eyesight Impairment
<input type="checkbox"/>	Heart Defects/Disease	<input type="checkbox"/>	Hearing Impairment
<input type="checkbox"/>	Asthma or Hay Fever	<input type="checkbox"/>	Speech Impairment
<input type="checkbox"/>	Diseases of the Ears or Ear Infections	<input type="checkbox"/>	Intestinal Disorders/Constipation
<input type="checkbox"/>	Musculoskeletal Disorders	<input type="checkbox"/>	Chicken Pox DATE: _____
<input type="checkbox"/>	Convulsions/Epilepsy/Seizures	<input type="checkbox"/>	Measles DATE: _____
<input type="checkbox"/>	Sinusitis (Sinus Infections)	<input type="checkbox"/>	German Measles DATE: _____
<input type="checkbox"/>	Physical Restrictions	<input type="checkbox"/>	Mumps DATE: _____
<input type="checkbox"/>	Kidney/bladder illness	<input type="checkbox"/>	Rheumatic Fever
<input type="checkbox"/>	Mental/psychological disorder	<input type="checkbox"/>	Tuberculosis
<input type="checkbox"/>	Hypertension/Abnormal Blood Pressure	<input type="checkbox"/>	Kidney Disease
<input type="checkbox"/>	Arthritis	<input type="checkbox"/>	Eating Disorders (Anorexia, Bulimia, etc.)
<input type="checkbox"/>	Nosebleeds	<input type="checkbox"/>	Headaches/Migraines
<input type="checkbox"/>	Hernia	<input type="checkbox"/>	Had surgery or hospitalized in the last 5 years
<input type="checkbox"/>	Menstrual cramps	<input type="checkbox"/>	Currently under doctor's care
<input type="checkbox"/>	Bleeding disorder	<input type="checkbox"/>	Other: _____

Please explain in detail all checked answers marked above (use additional pages as necessary):

Adult Name: _____ **Date:** _____

Allergies: Please list all allergies, the type of reaction and its severity, treatment and date of last reaction. Include allergies to medications, food, bees, animals, plants, etc.

Allergies	Reaction/ Severity	Treatment	Date of last Reaction
1.			
2.			
3.			

Do you suffer from Anaphylaxis? Yes No

*Anaphylaxis is a severe allergic reaction marked by swelling of the throat or tongue, hives, and trouble breathing.

Do you carry an EpiPen? Yes No

Do you carry an inhaler? Yes No

Medical Conditions (including any precautions or restrictions on activities)

Name of Condition	Effects
1.	
2.	
3.	

Medications: List any medications currently taken (or have taken in the recent past) including dosage schedule and specific instructions for use.

Medication	Purpose	Dosage Schedule	Specific Instructions
1.			
2.			
3.			
4.			
5.			

Over-the-Counter Medications: Medication(s) I can take in case of accident or injury. Please check all that apply:

- | | |
|--|--|
| <input type="checkbox"/> Tylenol/Acetaminophen | <input type="checkbox"/> Imodium (anti-diarrhea) |
| <input type="checkbox"/> Aspirin (fever reducer) | <input type="checkbox"/> Dramamine (motion sickness prevention) |
| <input type="checkbox"/> Ibuprofen (pain/swelling) | <input type="checkbox"/> Skin Ointments (in case of rash, antibacterial, athlete's foot, etc.) |
| <input type="checkbox"/> Benadryl/Antihistamine | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Robitussin/expectorant | _____ |
| <input type="checkbox"/> Sudafed/decongestant | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Pepto Bismol | _____ |
| <input type="checkbox"/> Tums/antacid | _____ |

Special considerations or notes regarding over-the-counter medications:

**Please be aware for international travel that other over the counter medications may be available in the host country. To be sure you are taking the appropriate medication, please pack enough for your whole trip in your checked bags. Refer to your airline policies for how to pack medications.*

Do you have a Special Medical or Dietary Regiment to be followed? Yes No

If so, please explain: _____

Have you ever had any adverse reactions to general anesthetics? Yes No

If so, please explain: _____

Additional information that is important for other advisors on this trip to know about: _____

Adult Name: _____ **Date:** _____
 (This section is to be completed by a physician after the review of health history. Adult must complete all the information in the Health History to the best of their knowledge and sign before meeting with licensed professional.)

Medical Examination

Height: _____	Weight: _____	Pulse Rate: _____	B. P.: ____/____
Sugar: _____	Albumin: _____	Blood Hemoglobin: _____	
Hearing: R ____ L ____	Eyes: With Glasses R 20/____ L 20/____	Without Glasses R 20/____ L 20/____	
Code: S = Satisfactory NS = Not Satisfactory NE = Not Examined			
_____ Nose	_____ Abdomen	_____ Urinalysis	Other: _____
_____ Throat	_____ Hernia	_____ HGB	_____
_____ Teeth	_____ Genitalia	_____ Appearance/Nutrition	_____
_____ Heart	_____ Skin	_____ General Physical State	_____
_____ Lungs	_____ Musculoskeletal	_____ General Emotional State	_____

Does this applicant have any conditions which might limit activity for this event/travel/assignment; such as chronic disease or other limitations for strenuous activity? Yes No

If yes, please explain: _____

Record of Immunization

	Date Series was Completed	Year of Last Booster		Date Series was Completed	Year of Last Booster
Hep B	_____	_____	Typhoid	_____	_____
DTap/Tdap	_____	_____	Paratyphoid	_____	_____
DT/Td	_____	_____	Cholera	_____	_____
Hib	_____	_____	Yellow Fever	_____	_____
IPV/OPV	_____	_____	Typhus	_____	_____
PCV7	_____	_____	Rocky Mountain	_____	_____
MMR	_____	_____	Spotted Fever	_____	_____
Varicella	_____	_____	Tuberculin Test: Year last given	_____	Result _____
Other:			Not required immunizations, but recommended		
_____	_____	_____	HPV	_____	_____
_____	_____	_____	Rota	_____	_____
_____	_____	_____	MCV4/MPSV4	_____	_____
_____	_____	_____	Hep A	_____	_____
_____	_____	_____	TIV/LAIV	_____	_____

Physician Information

Licensed Physician Name: (Last, First, Middle Initial)	Phone Number:		
Address:	City:	St:	ZIP:

This person is in satisfactory condition and may engage in all usual activities, including physically demanding activities except as noted.

Signature of Licensed Physician: _____
State License Number: _____ **Date:** _____

HEALTH INFORMATION PRIVACY STATEMENT

The **Adult Health History Exam 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 for the specific event. Minimal necessary information may be shared with event staff/volunteers in order to provide adequate participant safety and health care. This form will be retained for seven years in the case of treatment. 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 and medical form and I agree to the release of any records necessary for treatment, referral, billing or insurance purposes.

This Adult Health History and Exam Form is complete and accurate.

Signature of Adult Participant: _____ **Date:** _____

Girl Scouts of Wisconsin – Badgerland Council Authorization for Medical Treatment for Adults

In the event of a serious accident or emergency you may be unable to give medical permission for yourself. It can also be hard to contact your family. You can give permission for authorization of emergency treatment to other adults on the trip. They can then act for you in permitting medical or dental care for yourself when family is not available. This is a legal document. With it, you may appoint other adults to act for you. *This document will be kept with the responsible adult(s).*

You and an adult member of your family (spouse, parent, child over the age of 18) must sign the authorization form, which **MUST** be notarized.

I, _____ and named family member, _____ do hereby appoint:

Name(s):	Address:	Phone:
1.		
2.		
3.		
4.		
5.		

To act on my behalf in authorizing unexpected medical, dental, surgical care and hospitalization in the event I am unable to communicate during the period from: _____ (date(s) of travel). *This document shall be presented to a physician, dentist or appropriate hospital representative at such time as unexpected medical, dental, surgical care or hospitalization may be required.*

Please sign this section in front of a Notary.

Signature of adult participant: _____

Typed/printed name of adult participant: _____

Signature of named family member: _____

Typed/printed name of named family member: _____

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.

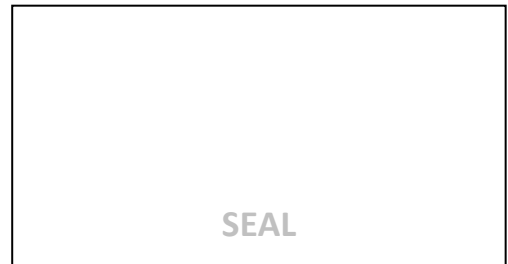
Given under my hand and official seal this _____ day of _____, [year].

Notary Signature: _____

Notary Printed Name: _____

Notary Public in and for the State of _____.

My appointment expires on _____.



GSUSA INTENT TO TRAVEL FORM (Only for International Trips)



Please submit this Intent to Travel form three to six months before departure so that GSUSA can report on where girls travel and connect girls globally.

The WAGGGS Card of Introduction (blue card) is no longer required for international travel. However, if your troop or group is staying in a community for at least **THREE** days and willing to collaborate on a **TAKE ACTION PROJECT** with local Girl Guides or Girl Scouts, GSUSA can send a letter of introduction on your behalf. Please indicate on the form below that you would like a letter of introduction.

If your group is travelling to a World Center, you do not need a letter of introduction because you will have the opportunity to meet with Girl Guides and Girl Scouts at the World Center.

Name of Traveler or Adult Leader of Group:		
Address:	E-mail:	Phone
City:	State:	ZIP Code:
Position in Girl Scouting:		
Country(ies) to be Visited:		
Have you notified your council of your upcoming trip? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Date of Departure:	Date of Return:	
Number of Adults Traveling:	Number of Girls Traveling:	
Age Range:		
Letter of Introduction If you will be staying in one community for at least THREE days and willing to collaborate on a TAKE ACTION PROJECT with local Girl Guides or Girl Scouts, GSUSA can send a letter of introduction on your behalf.		
Would you like a letter of introduction to meet Girl Guides and Girl Scouts? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, for which country?		

Send completed form to:
globalgirlscouting@girlscouts.org