



Troop Adventure Emergency Information

Girl Scouts Heart of Central California | 6601 Elvas Avenue Sacramento, CA 95819 | www.girlscoutshcc.org

Submit Form 3 Months Prior to Travel with Form #894 Request for Approval
Mail to: Trip Consultant (please use above address)

TRIP CONSULTANT
Date Rec'd _____

Troop #: _____ Destination: _____

Dates of Trip: _____

Troop Leader/Trip Leader _____

“At Home” Emergency Contact Person:

Name _____

Address _____

Telephone: Day (____) _____ Evening (____) _____

Emergency Contact Plan **AT** Destination:

Contact Name _____ Relationship _____ **OR** Cell Pager Other _____

Contact Number: Day (____) _____ Evening (____) _____
(Country Code/Area Code)

Alt. Contact Name _____ Relationship _____ **OR** Cell Pager Other _____

Contact Number: Day (____) _____ Evening (____) _____
(Country Code/Area Code)

- Yes No Emergency Contact has a list of all girls and adults who are on the trip along with name and telephone numbers of each parent or guardian and alternate emergency contact.
- Yes No Emergency Contact has a complete itinerary of the trip, including lodging, activities, hospitals, and knows where the troop may be contacted each day. Any changes will be called in to emergency contact.
- Yes No Emergency Contact knows car licenses and/or public transportation company and contact number.
- Yes No How will contingency fund be accessed in the event of emergency? _____
Contingency funds should be returned to the troop treasury or parents if is not needed during the trip.
- Yes No Trip leader or other supervising adult(s) will carry permission forms, notarized if necessary.

See other side for a list of girls and adults going on the trip.

