

# Overnight Indoor Training

O.I.T.

How To Prepare Your Troop For  
An Overnight Stay



# Overnight Indoor Training

## Course Outline:

1. Overview of Overnights – page 3
2. Planning Steps
  - a. Readiness/Preparation – pages 4 -14
3. Health and Safety – pages 15 - 20
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    - Take Action
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# 1. What is an Indoor Overnight?

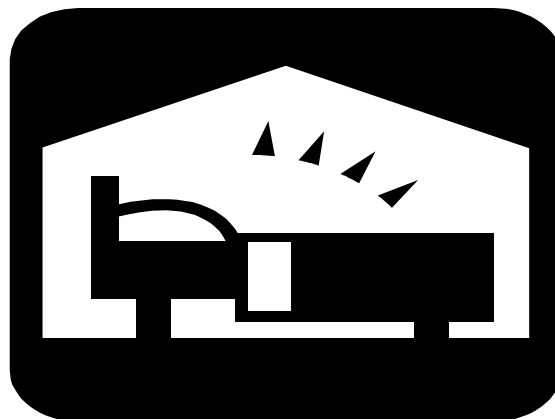
**“An overnight indoor is using a facility with a bathroom with flush toilets and running water.”**

Participating in an overnight can be a key to successful program. It provides an opportunity for leaders and girls to spend a concentrated period of time experiencing and working together.

An overnight activity is a valuable growth experience for girls. It may be a beginning experience in group living or a girl's first time away from home. It may be an experienced troop traveling to another city or it may be a time for girls to practice new skills in preparation for more adventurous activities. Overnights provide a chance to work on activities that need more time than the normal troop meeting allows, and it is a perfect time to start learning the skills needed for a future camping experience.

Girls Scouts Heart of the Hudson, Inc. has several facilities that can be used by troops for an overnight such as Girl Scout Houses and Camp Cabins. Your Girl Scouts Heart of the Hudson, Inc. Properties Book will provide you with information regarding these facilities. Girl Scout councils across the United States have properties that can be used by any registered Girl Scout troop.

Other facilities can be Hotels, Motels, YMCA, YWCA, camps, military bases, private and state campgrounds, youth hostels, Boy Scout camps and museums - just to name a few.



## 2. Planning and Steps to Readiness

Taking trips beyond the troop meeting place will put adventure into your troop's program. A very important part of these trips is the planning process. A trip is not something planned *for* girls by adults, but something planned *by* girls with guidance from adults. Learning how to plan a trip should be a progressive experience for Girl Scouts. The leader's goal is for the girls to be able to plan trips for themselves or younger troops.

During the planning process, the girls learn how to develop their overall plans, make arrangements, budget and handle money and accept responsibility for personal conduct and safety. Afterwards, they evaluate the experience.

When planning a troop overnight, the leader must consider:

- The Purpose of the activity
- The adults who must be present (always refer to Safety Activity Checkpoints as you plan activities with the troop)

For example, if the facility has beds, electricity and indoor plumbing, if meals are being prepared for the girls and the focus of the activity is environmental education, this is not a camping event. This is very different from a camp facility with no beds, no plumbing, and girls cooking their own meals and planning their own program activities, which require a qualified overnight outdoor camper. Both of these events require an adult certified in First Aid/CPR.

When preparing for any activity with girls, always begin with the Safety Activity Checkpoints written specifically for that particular activity. The introduction provides an overview of the format of each set of checkpoints.

**Note:** *In addition to reading the checkpoints yourself, you can also e-mail or print them for co-volunteers, parents/guardians, and girls.*

## Safety Activity Checkpoints Scavenger Hunt

This scavenger hunt will help familiarize you with Safety Activity Checkpoints.  
Look through **Group Camping: Safety Activity Checkpoints** to find the answers to the following questions:

1. The number of adults needed to meet girl/adult ratios is the same whether you are conducting a meeting or going on a trip. TRUE FALSE
2. Can a male volunteer to be a Girl Scout leader? Are there any restrictions? \_\_\_\_\_  
\_\_\_\_\_
3. There are 4 activities that Girl Scouts of the USA does not permit Girl Scouts to participate in.  
\_\_\_\_\_  
\_\_\_\_\_
4. If any part of the activity is located 60 minutes or more from emergency medical services, must you ensure the presence of a first-aider (level 2) with Wilderness and Remote First Aid. TRUE FALSE
5. Kindling is large pieces of dry wood used to fuel a campfire. TRUE FALSE
6. What key information should you include when creating a list of girls' information for the contact person you designate while you are away?  
\_\_\_\_\_
7. For the Buddy system, girls are divided into teams of how many? \_\_\_\_\_
8. For your Girl Scout Group, the recommended adult-to-girl ratios are two non-related adults (at least one of whom is female) to every:  
\_\_\_\_\_
9. What is a Camp Kaper Chart? \_\_\_\_\_
10. Is it important to get a weather report? Why? \_\_\_\_\_

**ANSWERS TO SAFETY-WISE SCAVENGER HUNT: 1. False. 2 Yes. The recommended adult-to-girl ratios are two non-related adults (at least one of whom is female) 3 Hunt, go on high-altitude climbs, ride all-terrain vehicles or motor bikes. 4. True. 5. False. 6. Itinerary; list of girls' parents/guardian contact information; emergency telephone numbers for services and police; council contacts. 7 (2). 8. Answers will vary depending on level. 9 Cooking duties divvied up and get creative about pre-planning outdoor meals. 10 Yes - Conditions might not be appropriate, which may prevent the trip to take place.**

## Travel Readiness

When planning a troop trip, the leader should determine whether the troop is ready for a trip.

Trips should have a specific purpose that the girls understand and be of a length suitable for their age and maturity.

<b>RECOMMENDED PROGRAM LEVEL</b>	<b>TRIP PROGRESSION</b>	<b>EXAMPLE</b>
DAISY, BROWNIE, JUNIOR	Meeting-time trips	Local points of interest in the neighborhood/community during troop meeting time.
DAISY, BROWNIE, JUNIOR	Day Trips	Away from troop meeting place, outside troop meeting time, for day visit to a place of interest
2 <sup>nd</sup> YEAR BROWNIE, JUNIOR	Simple Overnights	May involve one to two nights away to campground, nearby park or historic site with overnight stays in hotel or campground
EXPERIENCED JUNIOR, CADETTE, SENIOR	Extended	Three or more nights at camp or extensive travel within the continental United States
SENIOR/AMBASSADOR	International	Trips of greater distance such as Canada, Mexico, England, etc.

### Parents/Guardians Meeting:

This is important for the first overnight. Stress to the parents the importance of healthy girls participating in the activity. Medical/emotional problems must be brought to the leader's attention (allergies, nightmares, anxiety, stomach-aches, nosebleeds, bed-wetting, sleep-walking).

- Describe experiences and program activities planned for the trips
- Suggest parents/guardians gauge girl's readiness and act accordingly
- Indicate your aims for the girls' growth
- Suggest Pre-Trip readiness activities - help parent clean bathroom, sweep floor, help in meal preparation (set and clear the table)

## Organization:

### ***Before The Trip:***

Choose the site – attend site orientation if possible and/or required

Determine Dates and Times

Determine Costs and sources of money: fund raising, parents, jobs, cookies

Determine Mode of Transportation

Arrange an Emergency Contact Person: His/Her name should be given to all parents, this person should be the only one to contact the troop, this is the only person the troop will contact and has the list of parents and phone numbers.

Check that there is proper adult coverage (Safety Activity Checkpoints)

Check to ensure the required training is obtained: Basic Leader/Level or Leadership Essentials/Volunteer Essentials, OIT and certified first aid/CPR or one of the 3 health care professionals approved by GSUSA.

### **PLANNING CHART**

WHAT DO WE WANT TO DO?

WHAT MATERIALS WILL WE NEED FOR OUR ACTIVITIES?

WHAT MEALS WILL WE EAT THERE?

WHAT EQUIPMENT DO WE NEED TO BRING?

WHAT ARE THE SAFETY WISE REQUIREMENTS FOR THIS ACTIVITY?

## Meeting Planning Calendar

MEETING	MEETING CONTENT	LEADER ACTIVITIES
<b>MEETING 1</b>	Discuss overnight with GIRLS. Decide: What kind of place and activities interest the girls. What to wear. What to bring.	Make site reservations. Submit necessary forms to council.
<b>MEETING 2</b>	Plan menu for overnight. Considering menu and activities; set up a budget for the trip. Demonstrate how to make a bedroll and roll a sleeping bag; let girls practice.	Alert girls' parents/guardians of dates of upcoming trip. Ask for adult volunteers for drivers and where else needed.
<b>MEETING 3</b>	Plan the schedule for the overnight including activities. Learn an active song.	Send parent/guardian permission forms home with girls with details of the trip for signatures.
<b>MEETING 4</b>	Practice safety skills: Buddy System, looking for site hazards, fire drill. Practice first aid; check first aid kit. Review personal equipment list and show packing process.	Make copies and send equipment list home to parents/guardians.
<b>MEETING 5</b>	Discuss expectations and behavior for overnight. Plan equipment needed. Practice any other skills needed. Learn 2 quiet songs.	Permission forms due from parents/guardians and money needed to pay for trip. Set up transportation system for trip. Do any grocery shopping needed – ask for adult volunteers to help take the girls to store.
<b>MEETING 6</b>	Make a Kaper Chart. Plan a Girl Scouts' Own. Review plans for the trip with everyone. Answer all questions. Several/all girls bring gear as if packed for trip. Leaders make suggestions for changes or additions.	Check arrangements with drivers, shoppers, chaperones, etc.  GET READY AND ENJOY!!!

*\* To use as a guideline for progression*



## Transportation:

Making decisions about transportation is a very important part of planning a troop/group trip or activity. The first concern is always safety. Adults planning trips with girls have a responsibility to evaluate the kinds of transportation available, to understand the requirements of safety, and then determine what is best for the trip.

If driving, make sure there are a sufficient number of drivers to transport all girls. Girls and Adults **MUST** wear seat belts. Make sure that all drivers have the proper directions. Do not “caravan”. Health and Medical cards need to be in the car with the girl. Drivers must be adults (over 18) and have a valid driver’s license. All vehicles must be adequately insured and have a current inspection sticker.

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Read [Volunteer Essentials](#); Chapter 4: Safety-Wise, Transporting Girls for more information.

Transportation decisions are an important aspect to any off-site Girl Scout activity, and your greatest concern is *always* safety. If you are arranging group transportation, whether for a day trip or for a much longer travel event, consider the basics of both private and public transit.

### Public Transportation

Public transportation includes trains, subways, buses, ferries, and airlines. Public transportation is regulated, which makes it preferable to chartered vehicles, but this mode of transportation is not without challenges. The biggest challenge with any public transportation is staying together as a group, so be sure everyone has directions and a map, and always designate a meet-up area if anyone gets separated. Girls also need to be vigilant for criminals, both those who might do them bodily harm and those who are interested in stealing their money, jewelry, and electronic devices. As long as you prepare them for their exciting journeys on public transportation, they’ll have an adventure they’ll remember for years!

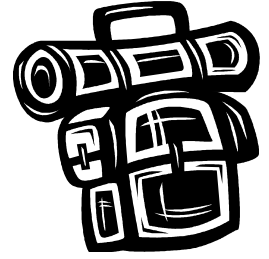
### Private Transportation

Private transportation includes private passenger vehicles, rental cars, privately owned or rented recreational vehicles and campers, chartered buses, chartered boats, and chartered flights. Each driver of motorized private transportation must be at least 21 years old and hold a valid operator’s license appropriate to the vehicle—state laws must be followed, even if they are more stringent than the guidelines here. Anyone who is driving a vehicle with more than 12 passengers must also be a professional driver who possesses a commercial driver’s license (CDL)—check with your council to determine specific rules about renting large vehicles.

Remember that every time a group meets at a time and location different from the regular group meeting, you must use a permission form—even if the girls are responsible for getting to that location on their own.

Permission forms give parents the “who, what, when, where, and why,” so that they can decide whether their daughter can participate in an event or go on a trip. A signed permission form permits you to include the girl in the activity and also provides you with up-to-date emergency contact information.

# PERSONAL EQUIPMENT LIST



## INDIVIDUAL GEAR

Packed    Amount

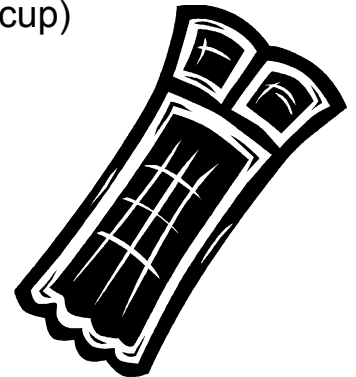
- \_\_\_\_\_    \_\_\_\_\_ Pajamas/Sweatsuit
- \_\_\_\_\_    \_\_\_\_\_ Underwear
- \_\_\_\_\_    \_\_\_\_\_ Long Pants
- \_\_\_\_\_    \_\_\_\_\_ Long Sleeved Shirts
- \_\_\_\_\_    \_\_\_\_\_ Short Sleeved Shirts
- \_\_\_\_\_    \_\_\_\_\_ Shorts
- \_\_\_\_\_    \_\_\_\_\_ Socks
- \_\_\_\_\_    \_\_\_\_\_ Sweater/Sweatshirt
- \_\_\_\_\_    \_\_\_\_\_ Coat
- \_\_\_\_\_    \_\_\_\_\_ Hat/Gloves
- \_\_\_\_\_    \_\_\_\_\_ Bandana
- \_\_\_\_\_    \_\_\_\_\_ Sleeping Bag/Extra Blanket
- \_\_\_\_\_    \_\_\_\_\_ Travel Pillow
- \_\_\_\_\_    \_\_\_\_\_ Laundry Bag or Pillow Case
- \_\_\_\_\_    \_\_\_\_\_ Rain Gear (boots, hat, coat)
- \_\_\_\_\_    \_\_\_\_\_ Extra Boots or Sneakers
- \_\_\_\_\_    \_\_\_\_\_ Any meal supplies necessary (mess kit, water bottle, cup)
- \_\_\_\_\_    \_\_\_\_\_ Sit-Upon

## TOILETRIES

- Packed
- \_\_\_\_\_ Wash Cloth
  - \_\_\_\_\_ Hand Towel
  - \_\_\_\_\_ Bath Towel
  - \_\_\_\_\_ Soap in Covered Dish
  - \_\_\_\_\_ Brush/Comb
  - \_\_\_\_\_ Toothbrush/Toothpaste
  - \_\_\_\_\_ Hair Elastics
  - \_\_\_\_\_ Tissues
  - \_\_\_\_\_ Deodorant
  - \_\_\_\_\_ Shampoo

## OPTIONAL GEAR

- \_\_\_\_\_ Camera (disposable)
- \_\_\_\_\_ Book/Notebook
- \_\_\_\_\_ Small Stuffed Animal



PLEASE REMEMBER:

All girls have to carry their own gear so don't over pack!

Make sure all individual items are well marked with girl's name and troop #.

All medications must be given to the leader. Medications must be in the container with written instructions signed by parent/guardian. Put in Ziploc bag labeled with girl's name.



## LEADER'S CHECKLIST

- Troop Equipment – program supplies, activity supplies
- Driving Directions
- Kaper Charts and/or Program Charts
- Sleeping Arrangements (should be planned in advance)
- Arrival/Departure Checklist
- If using Girl Scout facility: Any necessary keys should be obtained from the regional office one or two days in advance (deposit may be required)
- If using out of state or out of council facility, make arrangements to get key(s) on arrival or check-in. Check with facility for all “check-in” procedures (don’t assume it will be open and waiting for you)
- Find out all emergency procedures for the facility as well as travel to and from the site
- First Aid Kit(s)
- Quiet Games such as cards, board games (rainy day supplies)
- Any necessary groceries/food supplies

REMEMBER – HAVE FUN!

## **Kaper Charts:**

A “Kaper Chart” is the method Girl Scouts use to assign jobs. Using a Kaper Chart assures that each girl does her share of the work.

Kaper Charts should be highly visible before and during the overnight stay. The girls need to know that each one of them will be expected to do her assigned jobs. Adults accompanying the troop need to understand the importance of the girls doing their jobs. Ask them not to do the work for the girls, but to be there with guidance and support.

To make a chart you will need to determine:

1. What jobs will need to be accomplished and when.
2. How the girls will be grouped to do their jobs (i.e. individual assignments, by patrols, using one or two girls from each patrol, etc.).

You will need to have the same number of jobs as groups or patrols. You will want to divide the jobs into sections that can be easily handled by four to six girls and also provides a fair share of work for all girls. For meals, each patrol should do each job the same number of times. Make as many job groups or assignments as you need to accomplish this. The number of meals you are having will have a direct bearing on the number of job groupings.

Be sure to include the girls in the decision of what Kapers will need to be done.

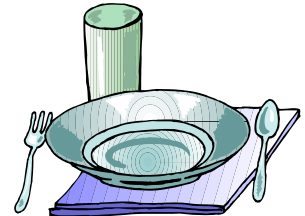
You should also post a list of the jobs with details of what is required for completing each job. The girls can act more responsible if they know what is expected of them.

## A sample Kaper Chart and job list is shown below:

MEAL	SET-UP	COOK	CLEAN-UP
Dinner	Patrol A	Patrol B	Patrol C
Breakfast	Patrol B	Patrol C	Patrol A
Lunch	Patrol C	Patrol A	Patrol B

### 1. Set-Up

- Prepare eating area, set-up tables and chairs
- Put on tablecloths (if wanted) and set tables
- Put drinks, condiments, etc. on table



### 2. Cook

- Prepare kitchen, be sure hands and area are clean
- Prepare food, wash bowls and utensils to be used (if needed)
- Cook meal
- Clean food preparation and cooking areas
- Soak pots and pans



### 3. Clean Up

- Wash dishes, pots, utensils, etc.
- Dry items and put away
- Sweep (and mop, if necessary) kitchen floor
- Wash tables



### 4. General – each girl should be responsible for

- cleaning up her own eating area
- removing her own dishes, cups, silverware
- removing scraps from her own dishes as well as group serving dishes
- removing items from the tables such as salt, drink bottles, etc.

## Program Charts:

Just like the Kaper Chart, a Program Chart is an essential part of any trip. It shows everyone what is being done and when. It is important to account for every minute of your time on a trip. Besides keeping the girls from asking you every ten minutes “what are we doing next”, a Program Chart enables you to focus on supervising the girls and making sure everything is running smoothly. The more detailed your Program Chart is at the start of your trip, the easier it will be for you.

Children behave better in a “structured” environment. This is not to say they cannot have fun or free time; it is this detailed Program Chart that will enable both you and the girls to enjoy yourselves.

### **A sample Program Chart is shown below:**

#### Saturday:

9:30 to 9:45 AM	Arrive at Girl Scout House
9:45 to 9:55 AM	Girls look around and get their bearings
9:55 to 10:10 AM	Bring in personal and troop equipment and food supplies
10:10 to 10:20 AM	<b>Fire Drill</b>
10:20 to 11:30 AM	Brunch and Clean Up
11:30 to 12:15 PM	First Aid Work
12:15 to 3:00 PM	Play Try-It, Music Try-It
3:00 to 4:00 PM	Snack and Free Time
3:00 to 6:30 PM	Make Apple Pie, Prepare Dinner, Set Table
6:30 to 7:00 PM	Eat Dinner and Clean Up
7:30 to 9:00 PM	Night time Activity and then Prepare For Bed
9:00 to 9:30 PM	Bed Play Time, Flashlight Games, Lights Out

#### Sunday:

6:30 to 7:00 AM	Wake up and Talking in Bed
7:00 to 7:45 AM	Get up, Get dressed, Pack
7:45 to 8:45 AM	Breakfast: Cook, Eat and Clean Up
8:45 to 10:00 AM	Badge Work
10:00 to 10:30 AM	Free Time
10:30 to 11:00 AM	Mid-Morning Snack
11:00 to 12:30 PM	Service Project
12:30 to 1:30 PM	Lunch: Cook, Eat and Clean Up
1:30 to 2:30 PM	Outdoor Badge Work
2:30 to 3:30 PM	Finish Packing, Clean Up
3:30 to 3:45 PM	Depart

### **3. Health and Safety:**

#### **Supervision:**

Adults accompanying a group should be selected for their patience, flexibility, and good judgment. They need to understand their responsibilities during the trip:

- ❖ The group leader should explain their role and her expectations before the trip.
- ❖ They should understand the plans the girls have made for the trip.
- ❖ They should understand the safety systems for the trip and the buddy systems that the girls have learned.
- ❖ If they are drivers, they need to know the transportation checklist on page 45 in *Volunteers Essentials*.
- ❖ They need to know the emergency procedures for the site as well as during travel to and from the site.

#### **Supervision Means:**

- ✓ Encouraging girls to try new things.
- ✓ Watching, guiding, directing.
- ✓ Intervening before injuries occur (safety is a primary concern).
- ✓ Being knowledgeable about the activity to be supervised and the potential for injury.
- ✓ Being a role model by your actions.
- ✓ Taking full responsibility for an activity or group of girls when asked.
- ✓ Providing effective discipline when needed (criticize the behavior, not the child).
- ✓ Knowing where the girls are at all times.
- ✓ Being easily located by girls who need help.
- ✓ Helping girls understand how to do unfamiliar tasks while giving them real responsibility for finishing a job so that they see themselves as useful and competent.
- ✓ Providing praise for effort and achievement.
- ✓ Helping girls, who need it, with tasks such as combing hair, and reminders to wash hands, change to clean clothes when needed, etc.

If the adults have daughters in the group, they may want to discuss ways to encourage these girls to feel they are part of the group, not different or special. Also realize that young girls sometimes find it hard to share the time and attention of their parent (or special adult) with other girls.



## Traveler Safety Tips:

- \* Don't answer the door in a hotel or motel room without verifying who it is. If a person claims to be an employee, call the front desk and ask if someone from their staff is supposed to have access to your room and for what purpose.
- \* When returning to your hotel or motel late in the evening, use the main entrance of the hotel. Be observant and look around before entering parking lots.
- \* Close the door securely whenever you are in your room and use all of the locking devices provided.
- \* Don't needlessly display guest room keys in public or carelessly leave them on restaurant tables, at the swimming pool, or other places where they can be easily stolen.
- \* Do not draw attention to yourself by displaying large amounts of cash or expensive jewelry.
- \* Don't invite strangers to your room.
- \* Place all valuables in the hotel or motel's safe deposit box.
- \* Do not leave valuables in your vehicle.
- \* Check to see that any sliding glass doors or windows and any connecting room doors are locked.
- \* If you see any suspicious activity, please report your observations to the management.
- \* Upon arrival please notify the Front Desk if you require special evacuation assistance in the event of an emergency.

**Don't forget to go over and use the buddy system outlined in their handbook when traveling!**



<b>Girl Scout Level</b>	<b>Number of Girls</b>	<b>Number of Adults Required</b>	<b>For Each Additional Girl</b>	<b>Number of Adults Required</b>
<b>Girl Scout Daisy</b>	<b>Every 6</b>	<b>2</b>	<b>4</b>	<b>1</b>
<b>Girl Scout Brownie</b>	<b>Every 12</b>	<b>2</b>	<b>6</b>	<b>1</b>
<b>Girl Scout Junior</b>	<b>Every 16</b>	<b>2</b>	<b>8</b>	<b>1</b>
<b>Girl Scout Cadette</b>	<b>Every 20</b>	<b>2</b>	<b>10</b>	<b>1</b>
<b>Girl Scout Senior/Ambassador</b>	<b>Every 24</b>	<b>2</b>	<b>12</b>	<b>1</b>

**SAFETY ACTIVITY CHECKPOINTS RATIOS FOR EVENTS, TRIPS AND TROOP CAMPING:**

*See Safety Activity Checkpoints for a particular activity you will be attending*

**Girl Scouts of the USA Statement: Sleeping Arrangements ensure the safety of sleeping areas.**

Separate sleeping and bathroom facilities are provided for adult males; many councils make exceptions for girls' fathers. Ensure the following:

- Each participant has her own bed. Parent/guardian permission must be obtained if girls are to share a bed.
- Adults and girls never share a bed.

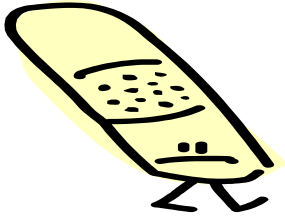
It is not mandatory that an adult sleep in the sleeping area (tent, cabin, or designated area) with the girls. If an adult female does share the sleeping area, there should always be two unrelated adult females present.

During family or "He and Me" events (in which girls share sleeping accommodations with males), ensure the details are clearly explained in parent/guardian permission slip.

Group Camping: Safety Activity Checkpoints

# A FIRST AID KIT

A First Aid Kit is essential for every trip. It should be available at all times. It should include the following items:



Band-Aids

Sterile Gauze Pads

Adhesive Tape

Safety Pins

Tweezers

Needle and Thread

Scissors

Distilled Water

Suntan Lotion

Insect Repellent

Instant Ice Pack

Soap, Wash Cloth

Matches

Any Antiseptic Ointment

Alcohol Wipes

Coins for Phone Calls / Prepaid Phone Card

Ace Bandages

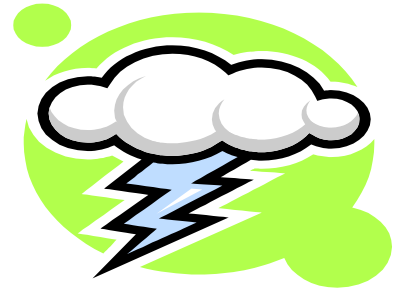
Sanitary Napkins

Whistle

If a girl is taking medication, it should be in its original container with written instructions from the parent or guardian.

## Weather Safety:

- ✓ Dress for the Unexpected
- ✓ Carry Extra Batteries

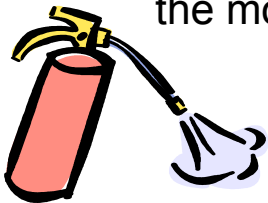


In the event of lightning:

- Get out of water and go to a shelter, if possible
- If in a forest, go to low area and smaller trees
- If in an open area, go to valley but watch for flash floods
- Crouch in huddled position, but don't lie down
- Do not phone, unless there's an emergency

## Buddy System:

- Girls do not go ANYWHERE without a buddy
- If a girl cannot wake up a buddy during the night, she must wake an adult to accompany
- Buddy System is to be used from the moment leaving for trip until the moment returning from trip



## Fire Drills:

- ❖ Know where all Fire Exits are – seek them out when you arrive
- ❖ Find Fire Extinguisher locations
- ❖ Upon arrival, have a Fire Drill with the girls so they know what to do in case of a fire emergency
- ❖ Count the number of doors to the exit from your room

# Emergency Procedures and First-Aid for Troops:

## Minor Accidents or Non-Life threatening Emergencies

### *The First Aider:*

1. Gives priority attention to the injured.
2. Administers appropriate first aid.
3. Calls parent, guardian, and/or spouse.
4. If necessary, transports to doctor/hospital for treatment.
5. Completes accident report and send to GSHH office within 24 hours.

## Meeting Places

1. Know procedures for getting medical assistance (i.e., telephone numbers of parents, hospital, ambulance and police must be readily available).
2. A First Aid Kit must be at the site and contents reviewed and updated periodically. See *Safety-Wise* for content list.
3. Emergency evacuation from the troop meeting place in case of fire or natural disaster should be discussed and practiced.

## Troop Trips

1. Notify your Service Unit Consultant or designated team member and/or appropriate GSHH staff of your plans.
2. Know location of phones/emergency services along route.
3. Leave a copy of troop roster with phone numbers and trip itinerary with an "Emergency Contact", an adult remaining at home, and available by phone for the duration of the trip.
4. Bring a first aid kit and place inside:
  - a. Signed Parent Permission slip for each girl
  - b. Adult and Girl Health Examination Record.
  - c. GSUSA Insurance Form and GSHH Accident Report.
  - d. Copy of emergency crisis procedures
5. Each girl has a completed GSHH "ID" card someplace on her person i.e., on a lanyard around her neck, in her pocket, pinned to her clothing. be sure information is not visible to the general public but it available in an emergency situation.

## Accident/Incident Report

1. As soon as possible, telephone your GSHH Regional Office/staff to give a verbal report and request insurance forms.
2. Complete the Accident/Incident Report with all details of emergency/accident including description of emergency/accident, time, location, actions taken, results of actions taken, addresses and phone numbers of witnesses.
3. Send report immediately to your GSHH Regional Office. (This will help to protect you as well as the Council in any legal action).
4. For insurance payment, you must also complete the GSUSA insurance form and submit copies of medical bills.

## Accident and Liability Insurance

1. All individuals transporting children must be over the age of 21, have a current driver's license, and personal vehicle insurance.
2. Non-Member Insurance and additional insurance for trips longer than two nights must be purchased. Make requests two weeks in advance of trip/event by contacting your GSHH Regional Office.

## Definition:

A major accident or illness that is life-threatening or requires hospitalization is considered an emergency crisis.

However, other incidents such as an automobile accident involving Girl Scout members, but not resulting in serious injuries, or an outbreak of food poisoning, must be considered major emergencies because they may become newsworthy events.

All media (press, radio, TV) inquiries and those from unauthorized persons shall be referred to the CEO or her designee.

Adults and girls will make no statement to media or unauthorized persons. If persistent, continue to repeat the statement below.

*"I do not have all the facts;  
I am not in a position to answer  
any questions.*

*Thank you for sharing our  
concern.*

*Please contact the CEO at  
Girl Scouts Heart of the Hudson."*

**Suggestion: copy this page and  
place in troop's first aid kit.**

## Immediate Response

- 1. Remain calm, think clearly.**
- 2. Call emergency services or police.**  
If police are required, do not disturb the scene.  
Always contact police if there is a fatality.
- 3. Call GSHH emergency number listed on the emergency card below (distributed separately from this publication). This person will then contact parent(s)/guardian(s)/spouse(s) of victim(s).**
- 4. Give priority care to the injured.**
- 5. Appoint a person to care for non-victims.**
- 6. Assemble accident report information and take statements from all witnesses.**



*Emergency Number  
(845) 558-9436*

*Girl Scouts Heart of the Hudson, Inc.*

## **4. FORMS AND THE RESERVATION PROCESS**

Before any overnight trip can take place, all paperwork must be completed, all fees must be paid and all training certifications checked. An overnight is a fun experience for a girl and must be safe and contribute to her growth as a Girl Scout.

For Overnight Indoor Trips the following are required:

<b>TRAINING REQUIRED</b>	<b>COUNCIL FORMS NECESSARY</b>	<b>DATES DUE</b>	<b>SUBMIT TO</b>
First Aid/CPR	Proof of Training, Trip/Activity Form, Health History Forms for Girls and Adults	At reservation time	Regional Council Office, HH Forms go with Leader on Trip
Basic and Level Training	Proof of Training	At reservation time	Regional Council Office
O.I.T. (Overnight Indoor Training)	Proof of Training	At reservation time	Regional Council Office
	Money Earning Event Application (if applicable)	At least 4 weeks prior to money earning activity	Regional Council Office
	Parent Permission Slips	By Trip Date	Leader – takes on trip
	Reservation and Site Use Agreement	As soon as date is determined	Regional Council Office
	Girl/Adult/Volunteer Code of Conduct	By Trip Date	Leader – takes on trip
	Travel – Bus Company Agreement (if applicable)	At least 2 weeks prior to trip	Regional Council Office
	Accident/Incident Report	As soon as possible after incident. Leader should carry blank form and Council Emergency Card at all times	Chief Executive Office – refer to council emergency card

### ADULT HEALTH EXAMINATION RECORD

This part to be filled in by adult and reviewed with physician at the time of examination

Name (Last, First, Initial)		Troop #	Sex	Birth
Address		City or Town	State	Zip
In Emergency Notify this contact		Relationship		
Emergency contact address		Phone	Cell Phone	
		( )	( )	
Insurance information, please complete the following:				
Carrier		ID Number	Group Number	
Insurance Company Phone Number		Address		
Health History: (Check if you have had any of the following)				
<input type="checkbox"/> Eyesight impairment	<input type="checkbox"/> Disease of kidneys	<input type="checkbox"/> Arthritis	<input type="checkbox"/> Disease of Ears	
<input type="checkbox"/> Hearing impairment	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Intestinal Disorders	
<input type="checkbox"/> Speech Impairment	<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Chicken Pox	
<input type="checkbox"/> Disorders of Nervous System	<input type="checkbox"/> Abnormal Blood Pressure	<input type="checkbox"/> Hernia	<input type="checkbox"/> Measles	
<input type="checkbox"/> Sinusitis	<input type="checkbox"/> Mental or Emotional Disorders	<input type="checkbox"/> Asthma or Hay Fever	<input type="checkbox"/> Mumps	
<input type="checkbox"/> Lyme Disease	<input type="checkbox"/> Severe Menstrual Pain	<input type="checkbox"/> Other serious allergies	<input type="checkbox"/> German Measles	
			<input type="checkbox"/> Other	
Have you been hospitalized in the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you taking any medications? Explain				
If you have checked or answered yes to any of the above, give nature, dates, period of any disability and results:				
PLEASE LIST ANY CURRENT MEDICATIONS BEING TAKEN BELOW – INCLUDE DOSAGE AND ANY POTENTIAL HARMFUL INTERACTIONS (e.g. food medications, environmental)				
I certify that to the best of my knowledge this health history is complete and accurate. I am in good health and able to participate in this event / assignment.				
Signature of Applicant:			Date:	

**HEALTH INFORMATION PRIVACY STATEMENT**

The Adult Health Examination Record 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 of the specific event. Minimal necessary information may be shared with event staff/volunteers in order to provide adequate participant safety and health care. The health form will be retained by the sponsoring council or GSUSA until it is destroyed. All forms / records with noted treatment will be retained for seven years. 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 health form information and I agree to the release of any records necessary for treatment, billing or insurance purposes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Participant)

## GIRL HEALTH EXAMINATION RECORD

This part to be filled in by parent and reviewed with physician at the time of examination

Name (Last, First, Initial)		Parent or Guardian				Phone ( )	
Address		City or Town	State	Zip	Birth	Age	Trp #
In Emergency Notify this contact				Relationship			
Emergency contact address				Phone ( )		Cell Phone ( )	
Insurance information, please complete the following:							
Carrier		ID Number			Group Number		
Insurance Company Phone Number		Address					
Health History: (Check those that apply)							
Illnesses	Allergies	Chronic or Recurring Illness			Suggestion from parent:		
<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Animals	<input type="checkbox"/> Ear Infections			<b>My daughter has permission to take or use the following</b>		
<input type="checkbox"/> Measles	<input type="checkbox"/> Food	<input type="checkbox"/> Heart Defect/Disease					
<input type="checkbox"/> German Measles	<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Seizures					
<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Insect stings	<input type="checkbox"/> Bleeding disorders			<input type="checkbox"/> Tylenol/Acetaminophen		
<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Medicine/drugs	<input type="checkbox"/> Asthma			<input type="checkbox"/> Advil/Ibuprofen		
<input type="checkbox"/> Kidney	<input type="checkbox"/> Plants	<input type="checkbox"/> Hypertension			<input type="checkbox"/> Sudafed/decongestant		
<input type="checkbox"/> Mumps	<input type="checkbox"/> Pollen	<input type="checkbox"/> Diabetes			<input type="checkbox"/> Benadryl/antihistamine		
	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Musculoskeletal Disorders			<input type="checkbox"/> Pepto Bismo		
		<input type="checkbox"/> Arthritis			<input type="checkbox"/> Tums/antacid		
		<input type="checkbox"/> Sinusitis			<input type="checkbox"/> Robitussin/expectorant		
		<input type="checkbox"/> IBD – Irritable Bowel Disease			<input type="checkbox"/> Swimmers' Ear/alcohol vinegar solution		
		<input type="checkbox"/> Other					

Please describe conditions and give dates:

Operations or serious injuries

Hospitalizations

Other diseases/disabilities

Comments where applicable:

Fainting	Sleep disturbances
Bed wetting	Menstrual cramps
Constipation	Nosebleeds
Emotional disturbances	Other
Specific activities encouraged	Restricted
Special medical or dietary regimen to be followed (specify)	

This health history 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 \_\_\_\_\_



### Event, Trip, or Activity

Required for all girls participating Girl Scout sponsored activities other than regularly scheduled meetings.

Troop # \_\_\_\_\_ is planning

\_\_\_\_\_ (name of trip, event, or other activity)

On \_\_\_\_\_ (day) \_\_\_\_\_ (date & year)

Location: \_\_\_\_\_ Phone: \_\_\_\_\_

Mode of transportation: \_\_\_\_\_

Departure: \_\_\_\_\_ Return: \_\_\_\_\_  
Time \_\_\_\_\_ Time: \_\_\_\_\_  
Place \_\_\_\_\_ Place: \_\_\_\_\_

Each girl will need: Cost of event \$ \_\_\_\_\_  
Equipment and clothing

Leader's Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

In event of a serious emergency, \_\_\_\_\_  
will be contacted and then she/he will notify parents.

Parents keep this portion of form

Girl Scouts Heart of the Hudson Pleasantville-914-747-3080  
Poughkeepsie-845-452-1810, New City-845-638-0438,  
Middletown-845-361-2898, Kingston-845-338-5367

### Parent Permission Slip

Leader must carry this form on trip

Parent Name \_\_\_\_\_ Phone: \_\_\_\_\_

My daughter \_\_\_\_\_ has permission to participate in \_\_\_\_\_ held on \_\_\_\_\_ (name of trip, event, or other) (day/date)

Name of person picking up child: \_\_\_\_\_

In case of emergency, notify: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to girl: \_\_\_\_\_

In an emergency, when either myself or the person named above cannot be reached, I hereby authorize the adult in charge to take any action believed necessary for the best interest of my daughter, including emergency room treatment.

- Have there been any changes in your daughter's health or insurance carrier since the Health History form was last filled out?  No  Yes  $\rightarrow$   
*If yes, list on back*
- Will medications be administered during event?  No  Yes  $\rightarrow$   
*If yes, write type, dosage, and times on back*
- May Tylenol/Advil be given to your child?  No  Yes (circle one)
- List allergies: \_\_\_\_\_

**Photo and Website Use Release:** I authorize the use of any pictures taken of my daughter at this event for the purpose of promoting Girl Scouting.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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Revised 4/07

### Event, Trip, or Activity

Required for all girls participating Girl Scout sponsored activities other than regularly scheduled meetings.

Troop # \_\_\_\_\_ is planning

\_\_\_\_\_ (name of trip, event, or other activity)

On \_\_\_\_\_ (day) \_\_\_\_\_ (date & year)

Location: \_\_\_\_\_ Phone: \_\_\_\_\_

Mode of transportation: \_\_\_\_\_

Departure: \_\_\_\_\_ Return: \_\_\_\_\_  
Time \_\_\_\_\_ Time: \_\_\_\_\_  
Place \_\_\_\_\_ Place: \_\_\_\_\_

Each girl will need: Cost of event \$ \_\_\_\_\_  
Equipment and clothing

Leader's Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

In event of a serious emergency, \_\_\_\_\_  
will be contacted and then she/he will notify parents.

Parents keep this portion of form

Girl Scouts Heart of the Hudson Pleasantville-914-747-3080  
Poughkeepsie-845-452-1810, New City-845-638-0438,  
Middletown-845-361-2898, Kingston-845-338-5367

### Parent Permission Slip

Leader must carry this form on trip

Parent Name \_\_\_\_\_ Phone: \_\_\_\_\_

My daughter \_\_\_\_\_ has permission to participate in \_\_\_\_\_ held on \_\_\_\_\_ (name of trip, event, or other) (day/date)

Name of person picking up child: \_\_\_\_\_

In case of emergency, notify: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to girl: \_\_\_\_\_

In an emergency, when either myself or the person named above cannot be reached, I hereby authorize the adult in charge to take any action believed necessary for the best interest of my daughter, including emergency room treatment.

- Have there been any changes in your daughter's health or insurance carrier since the Health History form was last filled out?  No  Yes  $\rightarrow$   
*If yes, list on back*
- Will medications be administered during event?  No  Yes  $\rightarrow$   
*If yes, write type, dosage, and times on back*
- May Tylenol/Advil be given to your child?  No  Yes (circle one)
- List allergies: \_\_\_\_\_

**Photo and Website Use Release:** I authorize the use of any pictures taken of my daughter at this event for the purpose of promoting Girl Scouting.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

P - 01 (1 page)  
Revised 4/07

# Trip/Activity Notification

Check all that apply:

- Service Unit    **Intends to Travel Out-of-Council**
- Troop    **Activity Involving Special Equipment**  
(Refer to Safety Activity Checkpoints)
- Overnight in an Indoor Facility**
- Overnight in an Outdoor Facility**

Minimum Training Required

- Leadership Essentials or Basic/Level
- Leadership Essentials or Basic/Level, FA/CPR, Specialist
- Leadership Essentials or Basic/Level, FA/CPR, Indoor
- Leadership Essentials or Basic/Level, FA/CPR, Indoor, Outdoor

Please complete information below, attach required documentation, and give it to your Consultant or SU designee at least **three weeks in advance** of activity date. Consultant/designee forwards it to the Field Manager.

Service Unit # \_\_\_\_\_ Troop # \_\_\_\_\_ Level: \_\_\_\_\_

Day/Date of Activity: \_\_\_\_\_ to \_\_\_\_\_

**Leader Name:** \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone # (s): \_\_\_\_\_

**Activity/Destination:** \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

**Attach itinerary/schedule of activities**  
(Include phone numbers and departure/arrival times & locations.)  
*(For trips of three nights or more, refer to Safety-Wise)*

**Travel Arrangements:**  Bus\*  Car  Other\*

\*If hiring professional services, contact council for approval.

**Back-Home  
Emergency Contact:** \_\_\_\_\_

Phone # (s): \_\_\_\_\_

This person must have copies of your participant list with emergency contact information, trip itinerary and must be available by phone during the entire activity

**Attach copies of current training cards.**

GS Trained Adults(s): \_\_\_\_\_

CPR Trained Adults(s): \_\_\_\_\_

FA Trained Adult(s): \_\_\_\_\_

\*\*Certified Specialist: \_\_\_\_\_  
(ie: lifeguard)

\_\_\_\_\_ Agency issuing specialist certification

**Attach a list of names and emergency contacts for all persons attending.**

\_\_\_\_\_ Girls

+ \_\_\_\_\_ Adults

+ \_\_\_\_\_ Non-Girl Scout children\*

+ \_\_\_\_\_ Non-Girl Scout adults\*  
(\*need non-scout insurance)

= \_\_\_\_\_ Total Attending

**Extended Trip Insurance has been purchased**  
(For three nights or more)

*I verify that our troop is covered by ALL required training for this trip or activity. I will obtain "Adult & Girl Health History" forms when necessary for each person attending and "Parent Permission Slips" for each girl. I have read the sections of Safety-Wise and Girl Scouts Heart of the Hudson Leader Answer Book that apply to my activity.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
*Leader Signature*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
*Service Unit Team Designee*

**For Office Use Only**

\_\_\_ Approved     \_\_\_ Denied

Date \_\_\_\_\_ Staff \_\_\_\_\_

Action taken \_\_\_\_\_  
\_\_\_\_\_

# Girl Scouts Heart of the Hudson, Inc. Troop Camping Application

Please complete and return to:  
 Girl Scouts Heart of the Hudson, Inc.  
 2 Great Oak Lane  
 Pleasantville, NY 10570  
 Re: Troop Camping Application

Application dates open:  
**Spring Camping** Jan. 2-18

**Fall Camping** Apr. 1-15

When Camp Sites are Available:  
**Spring:** Last weekend of April through third weekend in June;  
 Rock Hill cabins available thru 2<sup>nd</sup> week of June only.  
**Fall:** Second week in September through third week in October

In order to allow larger community events accessibility to camp, troop applications will be accepted beginning Feb. 2<sup>nd</sup> for spring camping or May 2<sup>nd</sup> for fall camping. You will receive confirmation of dates. Each troop must have an adult certified in first aid and CPR for their age level (EMT, RN, LPN, or MD accepted with CPR) and a Girl Scout volunteer with Overnight Outdoor Training. Please attach copies of these certifications.

Service Unit: \_\_\_\_\_ Troop #: \_\_\_\_\_

Name of Troop Leader: \_\_\_\_\_

Address/City/Zip: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Phone: day \_\_\_\_\_ eve \_\_\_\_\_ mobile \_\_\_\_\_

Please indicate by number your 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> choices of camps and give up to three choices of dates:

- |   |   |                                    |
|---|---|------------------------------------|
| <input type="checkbox"/> Addisone Boyce (CAB) | <input type="checkbox"/> Birch Ridge    | <input type="checkbox"/> Ludington |
| <input type="checkbox"/> Rock Hill            | <input type="checkbox"/> Blueberry Hill | <input type="checkbox"/> Wendy     |
| Dates: 1 <sup>st</sup> _____                  | 2 <sup>nd</sup> _____                   | 3 <sup>rd</sup> _____              |

Expected Attendance: \_\_\_\_\_ # Girls \_\_\_\_\_ # Adults \_\_\_\_\_ Total attending Please attach a participant list.

Day use only: # \_\_\_\_\_  Overnight # \_\_\_\_\_

Preferences—please indicate by number your 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup> choices of camping style.

- Cabins only: # \_\_\_\_\_  Platform Tents: # \_\_\_\_\_  Lean-to Cabin: # \_\_\_\_\_
- Area to pitch tents: # \_\_\_\_\_ tents  Covered Wagons (CAB only): # \_\_\_\_\_

Expected arrival:  Friday  Saturday  Sunday time \_\_\_\_\_

Expected departure:  Friday  Saturday  Sunday  Monday time \_\_\_\_\_

### Facilities and Activities

Please note: Each camp is unique and has different facilities. Some facilities are available on a seasonal basis only.

- waterfront  pool  low ropes course  archery range  area to pitch tents
- boat For boating, which type of boats are you requesting: \_\_\_\_\_ Qty: \_\_\_\_\_

We plan to  hike  outdoor cooking  orienteering  bird watching  bicycle  snowshoe

sled/snow tube  fishing  fire building  campfire  other: \_\_\_\_\_

**Please note: There must be an adult certified in first aid and CPR present at each activity.**

**Additional Safety Considerations:**

**Boating** requires a Lifeguard with current CPR for the Professional Rescuer and Waterfront Certification, plus an adult with documented experience in the specific type of boating or Small Craft Safety certification.

**Swimming requires a Lifeguard (18+) with current CPR for the Professional Rescuer. (LG must have Waterfront certification for camps with lakes.) Each girl must be swim tested by a (21+) Water Safety Instructor. Consult Safety Activity Checkpoints for girl to Lifeguard and watcher ratios.**

**Low Ropes requires a certified low ropes facilitator. Consult Safety Activity Checkpoints for girl to instructor ratios.**

**Archery requires a certified archery instructor. Consult Safety Activity Checkpoints for girl to instructor ratios.**

You will be asked to furnish the names and copies certifications of the above personnel with your completion paperwork.

**APPROVALS:**

In accordance with the council’s camping procedures, I verify that the adults attending will have taken the training necessary for this camping event.

Name of adult with First Aid/CPR: \_\_\_\_\_

Certification or documentation attached

Name of adult with Overnight Outdoor Training: \_\_\_\_\_

Certification or documentation attached

Signature of Troop Leader \_\_\_\_\_ Date \_\_\_\_\_

Approved    Declined   Initial \_\_\_\_\_ Date \_\_\_\_\_

Reasons for declining:  Application Incomplete    Certifications Not Attached

Requested facilities not available    Other: \_\_\_\_\_

# Troop Camping Participant List

Service Unit: \_\_\_\_\_ Troop #: \_\_\_\_\_

Leader: \_\_\_\_\_

Address/City/Zip: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Phone: day \_\_\_\_\_ eve \_\_\_\_\_ mobile \_\_\_\_\_

Camp: \_\_\_\_\_ Camping dates: \_\_\_\_\_ Assigned Camp Area: \_\_\_\_\_

G A	<b>Name:</b>	<b>Emergency Contact</b>	<b><i>Relationship</i></b>	<b>Phone # where emergency contact can be reached</b>

Serving girls in seven counties throughout the Hudson Valley  
Dutchess ◦ Orange ◦ Putnam ◦ Rockland ◦ Sullivan ◦ Ulster ◦ Westchester

# Accident/Incident Report

First read "Emergency Procedures" in **The Leader Answer Book**. This report is not an insurance claim. Complete this form whenever first aid is provided or treatment is rendered by a doctor/hospital to any participant of a Girl Scout activity at any location (meeting place, troop camping, trip, etc.). **Attach "Parent Permission", "Health Examination Record", and any additional pages. Return to Regional Office within 24 hours of accident/incident.**

## Injured Person

Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 \_\_\_ Registered Girl Scout \_\_\_ Non-Girl Scout Service Unit # \_\_\_\_\_ Troop #: \_\_\_\_\_ Level: D B J C S A  
 Parent/Guardian Name\*: \_\_\_\_\_ Phone # \_\_\_\_\_  
 Address \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Was Parent/guardian notified? \_\_\_ Yes \_\_\_ No If yes, what instructions did they give? \_\_\_\_\_  
 \*\* If injured person is an adult, provide their address and name of spouse.

### Accident/Incident Information

Accident Date: \_\_\_\_\_ Time: \_\_\_\_\_ (A.M. or P.M.)  
 Accident Location:  
 Name \_\_\_\_\_  
 (home owner, school, park, campground, etc.)  
 Address\* \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_, \_\_\_\_\_  
 \* If no address, give closest intersection of streets, landmarks, etc

Describe nature of accident/incident. Be specific  
 (weather, environment, floor conditions, obstructions, etc.)

If motor vehicle(s) are involved, Fill out information for *each*  
 vehicle (Continue on back if necessary)

1. Driver's Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/Town \_\_\_\_\_  
 State/Zip \_\_\_\_\_ Phone # \_\_\_\_\_  
 License # \_\_\_\_\_  
 Insurance Company \_\_\_\_\_  
 Phone # \_\_\_\_\_

Action(s) Taken  
 Describe in detail the actions taken and by whom.  
 (Attach additional pages or continue on back if necessary.)

### Emergency Services Used

First Aider who initially responded  
 Name: \_\_\_\_\_  
 City/Town \_\_\_\_\_  
 Phone# \_\_\_\_\_

Ambulance Company Name: \_\_\_\_\_  
 City/Town \_\_\_\_\_ Phone# \_\_\_\_\_

Police Department  
 Officer's Name \_\_\_\_\_  
 City/Town \_\_\_\_\_ Phone# \_\_\_\_\_

Hospital  
 Name: \_\_\_\_\_  
 City/Town \_\_\_\_\_ Phone# \_\_\_\_\_

Attending Physician  
 Name: \_\_\_\_\_  
 City/Town \_\_\_\_\_ Phone# \_\_\_\_\_

#### Witnesses (Include age if a minor)

1. Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/Town \_\_\_\_\_  
 State/zip \_\_\_\_\_ Phone # \_\_\_\_\_

2. Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/Town \_\_\_\_\_  
 State/zip \_\_\_\_\_ Phone # \_\_\_\_\_

3. Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/Town \_\_\_\_\_  
 State/zip \_\_\_\_\_ Phone # \_\_\_\_\_

Girl Scouts Heart of the Hudson, Inc.  
 Website: [www.girlscoutshh.org](http://www.girlscoutshh.org)

**Kingston Office**  
 65 St. James Street  
 Kingston, NY 12401  
 845.790.2326  
 FAX: 845.338-6802

**Middletown Office**  
 162 Bloomingburg Rd  
 Middletown, NY 10940  
 845.236.6002  
 FAX: 845.609.7251

**New City Office**  
 211 Red Hill Rd  
 New City, NY 10956  
 845.638.0438  
 FAX: 845.638.2804

**Pleasantville Office**  
 2 Great Oak Lane  
 Pleasantville, NY 10570  
 914.747.3080  
 Fax: 914.747.4263

**Poughkeepsie Office**  
 3 Neptune Road  
 Poughkeepsie, NY 12601  
 845.452.1810  
 FAX: 845.452.1878

## Girl Scouts Heart of the Hudson

### Application for Permission to do Money Earning Activities

Please refer to Volunteer Essentials Chapter 5; Managing Group Finances prior to submitting this application. This form must be authorized by your Service Unit designee and approved by council designee at least a month prior before the planned event/project.

Check type of application: Troop/Group/Other \_\_\_\_\_

Service Unit: \_\_\_\_\_ Troop: \_\_\_\_\_ Level: \_\_\_\_\_

#### 1. Adult in Charge of the Project:

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

County: \_\_\_\_\_ Email: \_\_\_\_\_

*I verify that our troop/group is covered by ALL required training for this activity. I will obtain "Parent Permission Slips" for each girl participating. All participants are either registered Girl Scouts or I will purchase non-Girl Scout insurance to cover the unregistered person. I have read all sections of Volunteer Essentials - Safety Wise; Chapter 5 and Safety Activity Checkpoints that pertain to my activity and I agree to complete the Money Earning report within 10 days after my event.*

Signature of Adult in Charge: \_\_\_\_\_

2. Date of Event: \_\_\_\_\_

3. Type of Event: \_\_\_\_\_

4. Location of Event: \_\_\_\_\_

5. Projected income: \_\_\_\_\_

6. Reason for the income need: \_\_\_\_\_

7. Please list dates and types of other recent money earning events:

\_\_\_\_\_

Troop participated in the following Required Council money earning events this year:

Fall Product Sale \_\_\_\_\_ Cookie Sale \_\_\_\_\_ Annual Giving \_\_\_\_\_

Authorized by Service Unit Team: \_\_\_\_\_ Date: \_\_\_\_\_

Council Approved/Denied\*: \_\_\_\_\_ Date: \_\_\_\_\_

Notification sent: \_\_\_\_\_ Date: \_\_\_\_\_

(\*If denied, please state reason. If projected income is greater than \$500, Council Fund Development staff approval is required).

# Participant List for Traveling

This form must be submitted at least 2 weeks prior to any overnight trip.  
Please notify the council office of any last minute changes.

Troop/Group# \_\_\_\_\_ Level: \_\_\_\_\_ Service Unit: \_\_\_\_\_

Date of Trip:

From: \_\_\_\_\_ To: \_\_\_\_\_

Traveling to: \_\_\_\_\_

Trip Leader/Advisor: \_\_\_\_\_

First Aid/CPR Volunteer: \_\_\_\_\_

Participant's Full Name	Age (if Girl)	Telephone#	Girl or Adult



# **ADULT VOLUNTEER AGREEMENT FORM**

This form is to be read and signed by all adults attending the trip – whether you are a leader or a parent.

I agree to the following:

- The use of alcohol or drugs will not be tolerated and the usage at any time during the event may result in expulsion from the event. Also, I will refrain from smoking in the presence of the girls.
- Provide adult supervision of the girls at all times unless otherwise indicated by the trip leader.
- Remember that not only is it important for my daughter to have enjoyable time, but also that other girls in the troop need my attention and guidance as well.
- Work with the trip leader and the volunteers assisting on the trip before and during the trip.
- Respect the places and people we visit.
- Be responsible for my own equipment.
- Follow GSUSA and GSHH safety rules and regulations.
- See that all appropriate forms are completed by girls and parent/guardian and returned by the due dates.
- Carry out “adult only” tasks (i.e. serving of hot food, escorting girls to health center, bus supervision, etc.)
- Understand that if I am asked to leave due to misconduct, travel arrangements will be my own expense.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## OVERNIGHT AGREEMENT

I, \_\_\_\_\_ agree to the following rules concerning our  
sleepover at \_\_\_\_\_ on \_\_\_\_\_, 20\_\_\_\_\_.

I agree to have my things delivered to: \_\_\_\_\_ at  
the designated time.

I will respect my leaders on the entire overnight and will do as I am asked to  
do.

I will respect my sister Girl Scouts, promising not to tease, mock or belittle  
anyone's talents, skills, time it takes to do a task, or understanding of  
instructions.

I will accept my sleeping and buddy assignments.

I agree to read the packing list and check it twice when packing my things  
from home.

I understand I will not be able to call my parents when I'm away.

I will have fun and help others have fun, too.

I know that if I do not follow these troop rules, or do something that violates  
the Girl Scout Law or Promise, the leaders will call my parents to come and  
get me, no matter what time it is.

Girl Signature: \_\_\_\_\_

I have read these rules and agree to come and pick up my daughter if she does  
not follow them.

Parent Signature: \_\_\_\_\_

## **5. PROGRAM**

The following are some ideas for program/activities for your troop indoor overnight.

Please note: You may not build or make a fire unless you have had GSHH Fire Building Workshop or O.O.T. (Overnight OUTDOOR Training). For meals you must cook in a kitchen facility, dine out, or receive delivery to your overnight indoor facility.

Indoor Overnights are a great time to do some extended badge work, learn new skills, create and hold a ceremony, do some daytime outdoor activities, and have fun!

The following pages are suggestions and ideas for a successful, fun indoor overnight.

Other program ideas can be found on the internet, through older girl troops in your community, your regional council office, and other volunteers!

Don't forget to create your "program chart" so that there is a basic structure to your overnight (refer to page 14).



# FIRELESS FOODS

## Ants on a Log

Method: Fireless      Category: Snack  
Prep Time: 20 minutes  
# of Servings: 8 to 10

### Ingredients:

1 bunch of celery, 8oz. cream cheese,  
½ cup of raisins.

- 1) Wash Celery
- 2) Cut each stalk into 2" logs
- 3) Fill Celery logs with cream cheese
- 4) Press 4 or 5 raisins into the cream cheese.

You may substitute apples and peanut butter for celery and cream cheese.

## Smiles

Method: Fireless      Category: Snack  
Prep Time: 30 minutes      # of Servings: 6 to 8

Ingredients: 6 apples, 1 cup mini-marshmallows,  
½ Cup of Peanut Butter, ½ Cup Chocolate Chips

- 1) Wash apples and cut into wedges
- 2) Spread a thin coat of peanut butter on one side of each wedge.
- 3) Place 6-8 mini-marshmallows on half of the wedges. (Think of the skin of the apple as lips and the marshmallow as teeth.)
- 4) Top with a wedge of apple.
- 5) Fill in between the "teeth" with chocolate chips. (the chocolate chips are the cavities!)

## Nosebag Lunch

Method: Fireless      Prep Time: 20 minutes      Category: Meal (lunch or dinner) # of servings: 1

History: When a horse is to be away from its quarters or grazing area, a thoughtful owner provides a bag of feed to hang conveniently from its bridle. You can carry your own "nosebag" made out of a bandana or paper bag. (Be sure to put your name on it!) Remember to pack heavy things in the bottom and light things on top.

A "nosebag" consists of:

Something Munchy: a sandwich

Something Crunchy: vegetable sticks, pretzels

Something Sweet: Cookies, cupcakes, raisins

Something Juicy: Orange, apple, pear

Girls can prepare their nosebag lunch at home or, at the site, before venturing away for an extended period of time. Leave the juice boxes and soda cans at home! Your fruit can serve as a thirst quencher. (Leaders may wish to have a jug of fresh water on hand, especially in warm weather).

## EDIBLE FIRE

### A Fun Way to Teach Fire Building Skills and Safety

Ingredients:

Fire Circle: Marshmallows, popcorn or paper plate

Fire Bucket: Cup of Juice

Tinder: Coconut or String Licorice (cut)

Kindling: Thin pretzels or Stick Licorice

Fuel: Thick (log) pretzels or tootsie rolls

Flaming Marshmallows: Toothpicks and mini-marshmallows for demonstration only

The above are some ideas; feel free to substitute other items.

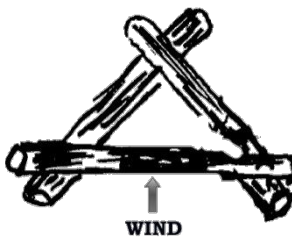
1) Build a Basic A-Frame inside a fire circle. Place the open end of the “A” facing the wind so the flame can get oxygen.

2) Place tinder on the A-Frame crossbar. Then add kindling on top of the tinder.

3) Demonstrate how to light a match and where to place it in the fire. Remember to have fire bucket close at hand.

Discuss how to take a flaming marshmallow out of the fire, how to put out clothing if it catches on fire, and how to put out a fire – **sprinkling water**, not pouring buckets on it.

Girls could now eat their edible fires!



This is a tasty treat to get ready for overnight outdoor camping  
(O.O.T. Training required)

GIRL SCOUT LEVEL	DESCRIPTION
Girl Scout Daisy	Short attention span. Want to do things for themselves. Are friendly, helpful, and cooperative. Need adult and peer approval. Are developing fine motor coordination. Understand more than they can verbalize. Question their environment: want to know "why". Learn by doing, experiencing, playing. Are curious. Like to collect things. Cannot easily see other's viewpoints. Like to make things.
Girl Scout Brownie	Have better control of large muscles than small ones. Like to join groups, but often need individual attention. Can cut and paste, hammer and tie things. Are learning to read and write. Are developing time, distance and other number concepts. Like to start projects, may not finish them. Can remember and do things in a sequence of commands. Have limited understanding of abstract words. Love to playact. Want to assume responsibility. Are usually cooperative. Reflect attitudes and prejudices of family.
Girl Scout Junior	Have good manual and manipulative skills. Have good eye-hand coordination. Like peer group activities – friendships are important. Are mastering concepts of time and distance. Can express themselves in drawings, songs, poetry. Begin to show special talents – art, music, etc. Take personal pride in completing projects. Assume responsibility for their own acts. Wish to be helpful. Question values and attitudes – are setting their own. Can apply logic – can understand some abstract concepts. Develop more pronounced hero worship.
Girls Scout Cadette	Are undergoing rapid physical growth and development. Are self-conscious about body image. Have increased appetites. Need more physical activity. Are prone to peer pressure. Maintain close, supportive relationships with friends. Idolize public figures, e.g., rock stars, teachers, leaders. Seek more privacy. Test imposed limits. Develop their own set of values, influenced by peers. Can use logic and alternatives to solve problems.. Are able to plan ahead.
Girl Scout Senior/Ambassador	Have emerging sexual feelings. Are interested in clothing and appearances. Are able to think abstractly. Are able to organize their ideas orally and in writing. Develop goals and values. Are able to format complex plans. Often take risks, thinking themselves immune from consequences. Are passionate about beliefs and causes. Show anxiety and guilt in conflicts between parents and peers. Seek acceptance from peers, but are developing more independence. Have friendships that will last longer. Are often over committed. Enjoy family activities but still prefer peers.

# GAMES

In Games, the word “leader” refers to the person starting the game – not necessarily an adult. Remember, games should end while everyone is still having FUN!!!

## **AARDVARK AND BABOON**

**Equipment:** One stick, pebble or other small prop per item. To keep confusion to a minimum and fun at a maximum, it is best to use a different prop for each item entered into the game.

**Object:** To successfully pass as many items as possible around the circle in different directions.

The leader begins by passing an object to the person on her right and says, “This is an apple.” The recipient replies, “This is a what?” The leader repeats, “This is an apple.” The recipient replies, “Oh, an apple” and then passes the object to the person on her right, and the process is repeated with each girl who is receiving asking “This is a What?” and the passing girl replying, “This is an apple”, who then repeats “Oh, an apple”, and then passes to her right. While the object is still going around the circle, begin the process again, this time passing the object to the left.

The fun begins as the objects progress around the circle and pass each other.

Be careful: When the two objects pass each other, confusion may set in with the laughter!

**Advanced Game:** Use a multitude of objects.

## **CROSSED/UNCROSSED**

Equipment: Two sticks 12 to 16 inches long

Object: To discover how to pass the sticks to the next player

The leader begins the game by passing the two sticks to the person on her left and according to the secret says, "I pass these sticks to you crossed. How will you pass them?" That player and each subsequent player continues the game in the same manner. Trying to guess how to pass the sticks. The leader continues to tell each player if she is correct or incorrect in her response.

Each time the sticks make one round of the circle, the leader should make her movements large, as a hint.

Secret: Look at the legs of the person passing the sticks, both will be the same, either straight or crossed.

If your group thinks they know this game before beginning, pass the sticks according to the legs of the person receiving the sticks.

## **SLAP, CLAP, SNAP**

Equipment: None

Object: Improve coordination, speed up thinking process, AND to just plain have fun!

The leader gets everyone to do exactly what the title says; SLAP their thighs, CLAP their hands, SNAP their fingers at a slow synchronized speed. The leader should then explain that as everyone continues to keep pace with her, the group is going to go around the circle and each person in turn will say her own first name as she snaps her fingers; trying not to break the pace. It is very important that the leader keeps the pace slow and emphasizes everyone stays with her. Continue around the circle a second time with everyone saying their name on the SNAP, to give all a chance to catch on.

The group is now ready to advance to another word on the SNAP!

Some things to try: Counting by 2's, 5's, 7's, 10's. Say a word that begins with the next consecutive letter in the alphabet. Pick a song and have each person sing/say the next word in that song. The possibilities are endless!

**HAVE FUN!!!**



## **FLASHLIGHT FUN**

Equipment: One working flashlight per participant

Object: To extinguish the compulsion to play with flashlights at night-time activities.

The leader should begin this game by having everyone stand with flashlights off. You then play follow the leader as she gives 25 to 30 quick and simple commands; such as:

Turn your flashlights ON – OFF – ON!

Shine them at the sky!

Hold them under your chins and make funny faces!

Write your name in the air with the light!

Shine them behind your backs!

Point them at the center, etc.

ALWAYS ending with:

Turn your flashlights OFF!

Leader then says, “Please be seated as you place your flashlights on the floor or ground beside you and leave them there until you are dismissed. Thank you!



## **PROGRESSIVE STORY:**

Equipment: None

Object: To make up a complete story in one round and give everyone a chance to contribute.

Leader begins with one sentence. “Once Upon A Time....” Each girl, clockwise around the circle, adds one additional sentence to the story. The last girl must end the story in one sentence. Determine before you begin, how many times you will go around the circle before the story MUST end.

Variations: Make up a long sentence, with each person adding one word to the sentence as you go around. Each person adds a word using the letters of the alphabet in consecutive orders. “A Big Cat Dug Everything from Giant Hummingbirds.....”

# Outdoor Activities

These tips are for the Beginner Hiker planning a short hike:

## What to Wear:

Dress lightly – hiking produces heat  
Sturdy tie shoes AND wool socks  
Long sleeves  
Long pants or high socks



## A Well Packed Day Pack:

Water bottle – you need to replace water because you perspire, even on cold days. Use a plastic soda or water bottle.  
Whistle – Use this if you should become separated from your group  
Lightweight jacket/sweater  
Raingear – Be prepared!  
Sunscreen/lip protection  
Matches or lighter  
Flashlight  
Pencil and Paper  
High energy snack or fruit (apple or orange)  
Hiking Map or traveling directions



## When to Hike:

The time is early or mid-morning

## Where to Hike:

On Marked Trails only  
Off main highways as much as possible  
If highway walking is necessary: walk on the left side of the road facing traffic; walk single file, or not more than two abreast

## How to Hike:

Keep body straight but relaxed  
Rest for five or ten minutes every hour  
Drink a little water  
Eating dried fruit or sucking on a fruit pit helps to avoid thirst

## To Help The Miles Go Quickly:

Singing – vigorous but not noisy  
Hiking games  
Make believe games for younger Girl Scouts

Always prepare and leave a “trip plan” with a contact person. If leaving your site, leave a note indicating which trail you will be using, time of departure, and expected time of return.

If you are unfamiliar with the trail you plan on using, take an experienced person with you.

OR GET GOOD DIRECTIONS THAT YOU UNDERSTAND. Familiarize yourself with the trail on a hiking map of the area.

## **HIKING ETIQUETTE:**

Respect wildlife when hiking through the woods. You are a visitor entering the homes of many animals. Try to be aware of their needs and minimize disruption of their lives by learning about the animals found in the area. Your knowledge will then give you a chance to observe wildlife more often without disturbing them. Travel quietly and you'll be more aware of your environment. Carry pocket books of nature and animals in order to share information with the girls.

Do not litter – if you carry it in, then carry it out. Pick up litter left by others – this allows a sense of discovery by leaving a place free of litter.

Do not pick flowers or break branches or carve on tree trunks – it damages the environment. In addition, there are some flowers and trees that have been protected by N.Y. State Law. Enjoy what you see and leave it for the next hiker.

## **SANITATION:**

Urinate at least 200 feet from any water source. This prevents water pollution and the spread of disease. Solid waste may either be buried in a “cat hole” 6 inches deep or spread out to maximize exposure to the sun and air. Pack out used tampons and pads.

## **SAFETY AND EMERGENCY PLANNING:**

Prepare and leave the written trip plan with the contact person. Be sure to include:

- Names of Leaders and Participants

- Destination

- Planned time of departure and return route to be taken

- Access points for emergency communications

- Names of persons to be notified when the whole group has returned and the trip has ended

Carry a First Aid Kit and have a First Aid/CPR trained adult with you.

Stay on the trail and follow markers. Bushwhacking is only for experienced hikers

If you realize you are lost:

Stop, sit down, rest, have a bite to eat. Think calmly. Stay in group.

Mark your location.

Chances are the trail is not far off. Conduct short walks in all directions, returning to the marked spot if unsuccessful.

Shout – and listen for answering shouts. If you have a whistle – 3 blasts at a time is a universal signal of distress.

Prepare for night well in advance. Conserve strength, seek shelter.

*If first efforts to find your way fail, stay in one place and wait to be found.*

## **TAKE YOUR TIME:**

Fatigue from rushing on the trail can cause considerable discomfort – pace yourself.

Plan for periodic rest stops and enjoy the view!

## OUTDOOR BEHAVIOR

Leave only footprints; take only photos

Honor NO TRESPASSING signs. Always get permission to enter private property

Stone walls are difficult to build; do not knock them down or take stones away

Do not cut into or take bark from a living tree

Take your trash away with you



## TOWN OR CITY BEHAVIOR

If there are sidewalks, use them

Stop and cross roads together

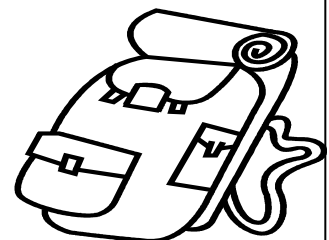
Keep hands and feet inside buses and cars

Walk single file on roads, facing traffic

Always place trash in receptacles; if there are none, take your trash with you

## A Zillion and One Ways to Take a Hike

- Trail Marker Hike: Lay and follow trail markers
- ABC Hike: Find a plant or animal starting with each letter of the alphabet
- Throw Away Hike: Pick up objects (like leaves, dry grasses and non-living items) as you walk and arrange them on your hands to form a collage.
- Picture Story Hike: Stop every \_\_\_\_\_ (yards, block, etc.) and frame a picture with your hands. Write a sentence about what you see. Then read all your sentences at the end of the hike.
- Spider-Eye Hike at Night: Shine your flashlight beam parallel to the ground in grassy places and look for those red spider eyes.
- Career Hike: Keep track of how many careers you observe as you walk through an area with people working.
- Food Chain Hike: Build a food chain as you observe plants and animals that depend upon each other. Try for 3-5 links, then start over (for example: soil, grass, bug, sparrow, hawk.)
- Soundless Hike: Hike a forest trail without making noise or talking.
- Color-Palette Hike: Look for primary and secondary colors as you hike.
- Water Cycle Hike: Look for parts of the water cycle as you hike: precipitation (rain, snow, fog); evaporation (sunlight, dried, puddles); run off (water moving on the ground, storm drains); bodies of water (lake, oceans) flowing water (streams, rivers)
- Habitat Hike: Look for different homes in the wild.
- Math In Nature: Find the following shapes while hiking; circle, square, hexagon, spiral, diamond, triangle, oval.
- Coin Toss Hike: Flip a coin at intersections to cross streets.  
Tails, go left - Heads, go right.



# CEREMONIES:

## SCOUT'S OWN:

History:

With his remarkable insights into the hearts and minds of young people, the founder of Scouting, Lord Baden-Powell, gave the Scouts a special type of program in which their aspirations and ideals might find expression. He called it THE SCOUT'S OWN.

A Girl Scout's Own:

The idea of Girl Scout's Own came from the founder of Girl Scouting, Juliette Low. It is a special ceremony for Girl Scouts; it is a tradition, an important time when Girl Scouts can reflect on their experiences in Girl Scouting. It is not a religious ceremony or a service, but an inspirational occasion in which all Girl Scouts can participate.

Because it is the Girl Scouts' *own* ceremony, it is planned and carried out by the girls. It can take place at any time or date on the calendar, and is as universal as the meaning of the Promise and the Law.

The main purpose of the Girl Scouts' Own is to elaborate on a theme. Usually associated with Girl Scouting, the theme can be related to some aspect of the Promise, one or more of the laws, a special occasion, some aspect of nature, or experiences the girls have shared. The ceremony can take place at a meeting, out of doors, or at any special place. After the girls have chosen a theme and place, they can plan their ceremony.

How To Help Girls Plan a Girl Scout's Own:

An adult is needed to help with ideas and to assist with the resources

1. Encourage the girls to:

- Choose a theme and make a list of materials needed
- Decide on a time
- Pick a site that is quiet and beautiful
- List the parts of the ceremony and specify who will be responsible for each
- Determine the order of the program (customarily, girls walk quietly to the spot and leave quietly after the ceremony is over)

A Girl Scout's own may last 10 to 30 minutes

Girls need leader guidance in planning their Girl Scout's Own. However, remember that the ceremony is a Girl Scout's Own, not a Leaders' Own. So help the girls in developing their ceremony, not what you think it should be. Make sure the girls are not rushed into planning something so quickly that they lose the feeling.

Each Girl Scout should have the opportunity to express the theme, either in her own words, or through a poem, story, quotation, or song that means something special to her.

Group participation is essential to a successful Girl Scout's Own. There is no one person in charge. Some parts could be said by two, three, or even five people in unison; the whole group could sing a song.

## **6. EVALUATION**

Before you depart for home, be sure to clean-up and remember to leave the place cleaner than you found it.

Keep a file that includes your trip dates and places, number of girls and adults who attended, the costs of your trip, and evaluations. This file will be a useful reference for future trips.

Evaluations will help you as the leader and your troop determine if the overnight trip was successful, if everything was accomplished as planned and how to make future trips better.

### **After your trip, determine:**

- What did you and the girls like best?
- What did you and the girls like the least?
- What worked well or did not work at all?
- Did the trip cost as much as expected?
- Were the activities fun and educational?
- Would you recommend this overnight trip to another troop?





# NOTES