



Safety Management Plan for Troop Activity

Adult trip leader's name: _____ Troop number: _____

Address: _____ Phone (day):(_____)_____

City: _____ Zip: _____ Phone (eve):(_____)_____

Number of girls participating: _____ Age level: _____

Number of adult females participating: _____ Number of adult males participating: _____

Council training taken: ___ Let's Camp ___ Let's Cook ___ Let's Tent ___ Troop Tripping

Activity site: _____ Address: _____

Cross street: _____ Phone # at site: (_____)_____

Time and date of departure: _____ Time and date of return: _____

Type of activities planned: _____

Name of first aider: _____ Expiration dates: First Aid _____ CPR _____

List all forms of transportation to be used: _____

Drivers and vehicles to be used:

Driver	Driver's license number	Make and model of vehicle	Vehicle license number

Emergency Numbers

Site Contact Name: _____

Phone Number: (____) _____

Fire Department: _____

Phone Number: (____) _____

Police/Sheriff: _____

Phone Number: (____) _____

Nearest Emergency Medical Facility: _____

Phone Number: (____) _____

Address: _____

City: _____

In-town Contact: _____

Phone Number: (____) _____

Safety Review

In the boxes below indicate the safety points to be reviewed with all participants. Date and initial when done. Tip: Letting girls participate in developing the rules helps them in following those rules.

Means of transportation	Safety rules to be reviewed prior to departure	Date of completion

Planned activities	Safety rules to be reviewed prior to program activity	Date of completion

Outdoor living	Safety rules to be reviewed	Date of completion
Cooking		
Sanitation		
Sleeping		
Other		

Evacuation plan in case of fire (non-council site): _____

Emergency plan in case of a natural disaster (non-council site): _____

Site hazards: _____

Attach list of all participants and carry a copy of this on trip.
 Review the information with the girls and adults going on the trip.

Your activity consultant can be a helpful resource person
 if you have questions on completing this form.