

**Dutchess County Department of Behavioral & Community Health
OUT-OF-CAMP TRIP ITINERARY/SUPPLEMENTARY INFORMATION**

Name of camp _____

T/V/C _____ **phone number** _____

Information submitted by/title _____

DATE(S) OF TRIP _____

DESTINATION(S)/ADDRESS(ES) _____

DURATION OF TRIP _____

ACTIVITIES WHILE ON TRIP:

Indicate next to the appropriate trip activities whether procedures are outlined in the safety plan **(P)** or have supplemental information attached **(S)**:

HIGH RISK:(also complete p.2 and 3)

- Archery____
- Amusement park____
- Aquatic theme park____
- Bicycling____
- Boating/Canoeing____
- High Adventure____
- Hiking (wilderness)____
- Horseback Riding____

- Riflery____
- Rock Climbing____
- Rollerskating/blading____
- Ropes Course____
- Swimming____
- Tubing____
- Other_____

LOW RISK:(movies,
(bowling, museums,etc.)

Trip Leader: (include name, age, experience, date of RTE cert.) (if RTE other than trip leader, include that person's name/date of RTE cert.)

Include names, age, and dates/types of certifications for medical, or other applicable personnel if type of trip requires it (for high-risk trips, see p.2)

SUPERVISION: (delineate how campers will be accounted for/frequency; include situations such as intermingling with the public, bathroom trips, overnight trips)-attach additional sheets if needed:

#campers (m)____(f)____ age range____ / #counselors (m)____(f)____

Out-of-camp itinerary for Camp _____

(page 2)

TRANSPORTATION: _____

MEANS OF COMMUNICATION (cell phone, pay phones, two-way radio, etc.)/EMERGENCY CONTACT NUMBERS/CHECK-IN WITH CAMP:

For High Risk Trips: (attached additional sheets if needed)

Description of activities while at site(s); include activity restrictions(i.e., no swimming, etc.)

Required certifications and/or training, experience specific for activity – include names, copies of certifications, qualifying training/experience information (i.e., swimming, boating, tubing, kayaking, rock climbing, wilderness camping, etc.):

Discuss preparation for trip including arrangements with facility being visited, trip leader's familiarity with site/trail, orientation of campers and staff prior to and at arrival at site, and parental notification/permission for trip:

Activity-specific supervision (see supplementary out-of-camp trip guideline/off-site swimming and tubing fact sheets): _____

Provisions for when medical help not readily available; include information on first-aid personnel and equipment, emergency communications, transportation of injured person, medications:

Wilderness Hiking – Include information on additional items listed below:

Food handling and storage: _____

Drinking water source: _____

Sanitary facilities/handwashing: _____

Provisions for inclement weather _____

Stream crossings: _____
