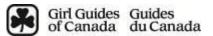


ACTIVITY NOTIFICATION or AUTHORIZATION (SG.3)

For Guiders and Assessors Page 1 of 3

To be completed by the Responsible Guider prior to undertaking Yellow and Red activities or International Travel Under 72 hours. See Safe Guide procedures for more information. See Safe Guide for deadlines for submission of forms

Level/Activity (Check	all that apply). \square	ellow 🔲 Re	u	Internatio	nal U	72 Hours 🔀 TPSP					
Unit: 100 th Red River Brownies					Toda	Today's date: September 2, 2016					
Activity/event/camp: It's A Small World Camp					Activity start date: Sept 23/16 Time: 6:00 pm						
					Activ	vity end date: Sept 24	/16 Time: 1:00pm				
Responsible Guider: Penny Anderson						iMIS #: _223454					
Address: 444 Main S	Street Red River	PEI R3R4J5									
Home phone: 902-222-2222 Bus. Phone: n/a						Prov. Postal Code Cell phone: 902-622-2222					
· <u></u>	guider@show.ca	Du3. 1 11	one. <u>m</u>	<u>a</u>		OCII PHONE: _002	. 022 2222				
_ greate	gaider & Show.ca						\$45.00				
Participants are from: Rosy District District(s)					Parkland Area Cost per girl: plus GST Area (In Ontario community)						
Anticipated # of: Spa	rks: Brov	vnies: 24	Guid	des:		Pathfinders:	Rangers: 1				
Extra Ops:		Age range:				Supervisors: 6					
Others (specify): 4 year old daughter of supervisor											
					Ro	le: first aider, substitute	group leader (as required				
Adults in attendance			Non-		by Safe Guide); general supervision, cooking, specific activity supervision and if applicable include copies of						
(If additional space is needed, list additional supervisors and attach on a separate sheet. Attach		iMIS#	Guider	Member PRC	qua	qualification. See Safe Guide requirements for non-members for					
a list of all adults in attenda			Yes	Yes No	ove	rnights and if volunteering re	egularly.				
Davida Baadian		222334			\boxtimes	et aider Copy of certificate Certificate is in GGC databate.	se (iMIS)				
Paula Booker Patsy Carmichael		333445				Health care professional Obstitute group leader					
Priscilla Donald		444556				gram					
Pam Eagle		555667	\boxtimes			gram, second first aid	er				
Paige Fortune		666778			cod		-				
· ·											
		Home Contact Person (when applicable – camps, day trips away from the community, travel touring, international travel, wilderness tripping, etc.)									
Name: Pheobe Gallop Member: yes no iMIS #: 888990											
				lember: ye	ı 🗌 a		88990				
Home phone: 902-	333-4445 Bus	s. phone:n/a	l		ı 🗌 s	If non-member					
Home phone: 902-		· -	l	lember: ye	es 🗌 r		88990				
Home phone: 902- Cell phone: 902- Location	333-4445 Bus 666-4445	E-mail: gal	llopgirl@	show.ca		If non-member	88990				
Home phone: 902- Cell phone: 902- Location Name of facility, park,	333-4445 Bus 666-4445 trail system, lake sy	E-mail: gal	llopgirl@	show.ca	fun	If non-member . Fax: n/a	88990				
Home phone: 902- Cell phone: 902- Location	333-4445 Bus 666-4445 trail system, lake sy	E-mail: gal	llopgirl@	show.ca	fun	If non-member . Fax: n/a	88990				
Home phone: 902- Cell phone: 902- Location Name of facility, park, If using a facility, addr If tripping, general are Have any of the supe	trail system, lake syress info has been pread of trip: n/a	E-mail: gal	Illopgirl@ GGC: Ctivity Pla	eshow.ca Camp Lotsa n (SG.1) Yea ore? Yea	fun es 🛚	If non-member Fax: n/a Fax: n/a (must be provided) - When? 2015	88990				
Home phone: 902- Cell phone: 902- Location Name of facility, park, If using a facility, addr If tripping, general are Have any of the supe No - How List activities or plans	trail system, lake system info has been properly information related to this event atdoor games, hikes, as to and from camp.	E-mail: galestem, etc.: rovided on Actorion/facility, about the facilifunction (use in mini golf, craf	GGC: Contivity Plansite before lity/site/anformation its, cook	eshow.ca camp Lotsa n (SG.1) Yearea (be) observed to provided to pring over a fi	es 🖂	If non-member Fax: n/a Fax: n/a (must be provided) - When? 2015 d? on SG.1): vimming at the commu	a.7. submitted Yes A.7. submitted to				

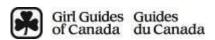


ACTIVITY NOTIFICATION or AUTHORIZATION (SG.3)

For Guiders and Assessors

☐surfing at a beach or waterfont ☐ whitewater ra			er skiing				
ctivity Planning Chart – indicate with a ✓the factors tha		ate to you Activity Lev		y. Forms for Activity Acknowledgement			
Factors Affecting Activity Planning		Yellow	Red	/Approval			
PEOPLE Attending a GGC Large Group Event				The following documents are attached:			
Girls in groups unaccompanied during a portion of an event				Activity Plan (SG.1)			
(See Key Terms)*							
Use of a Third Party Service Provider (see Key Terms)							
Refer to the Third Party Service Provider Activity Guide				As required the following are also attached:			
PLACE				Water Activity Plan (WA.1) if required			
Transportation:				Activity Facilitator Certification or			
Arranged by parent/guardian				Qualifications			
Arranged by unit using public transportation (transit, taxi, bus,				☐ Waiver (SG.5) if adventure* or a conditional			
charter bus, train, ferry, commercial boat tours) Arranged by unit using personal vehicle or rented vehicle (car,				activity*.			
van, truck)				☐ Itinerary and/or Adventure Activity Trip Plan			
Commercial air travel			П	(SG. 6) if relevant			
Location of activity:				For Third Borts Commiss Broaddant			
Regular unit meeting place				For Third Party Service Provider*			
Private home or community / public location (e.g., fire station,				activities include:			
library, park)				☐ Third Party Service Provider Interview			
ENVIRONMENT				Checklist (SG.7)			
EMS response time: (See Key Terms)				☐ Information about the TPSP is attached OR			
EMS response available within 30 mins				TPSP web address www.southland.ca			
EMS response 30 mins up to 1 hour				Parent/Guardian Permission			
EMS response time greater than 1 hour and less than 4 hours EMS response time greater than 4 hours				The following forms have been completed and			
Food preparation:				provided to parents/guardians:			
Preparing food / cooking in typical kitchen				Activity Planning form (SG.1)			
Girls cooking on a camp stove, campfire or BBQ				☐ Activity Flaming form (SG.1) ☐ Parent/Guardian Permission (SG.2) with			
Equipment: (See Key Terms)				additional details about the activity as			
Ordinary equipment				necessary.			
Specialized equipment				☐ Waiver (SG.5) if adventure* or a conditional			
Power equipment				activity*			
ACTIVITY				⊠ Personal Health Form (H.1)			
Situation specific:				1 ersonar realiti i omi (1.1)			
Activity takes place overnight (regardless of duration)							
Adventure activities (See Key Terms)							
Water Activities: Swimming/boating in a public pool or waterpark where the							
facility provides aquatic supervision (Refer to the Swimming Planning							
Guide)							
Other water activities (swimming or boating) Refer to the							
Swimming or Boating Planning Guide							
Travel/International Travel:							
Travel touring in Canada 72 hours or more (See Key Terms)			Ш				
International travel (crossing the border) under 72 hours. Refer to the International Travel Under 72 Hours Activity Guide	uı	nder 72 hrs					
See Key Terms in Safe Guide for definitions of thes	o torm						
see key remis in sale duide for definitions of thes	se term	5.					
I will coordinate the Safe Guide procedures for this ac	ctivity ta	king plac	e on (d	ate): October 1-3, 2016			
·	•	•	(-				
At (Location as listed on page 1 of this form): GGC Camp L	_otsaFu	n					
Circusture of Decreasible Oviden				Data: Cantamban 0, 0040			
Signature of Responsible Guider:				Date: September 2, 2016			
iMIS number 223454 If iMIS number is	include	d a signa	atura is r	not required if this form is submitted by e-mail.			
II IIVIIO Hallibel IS	iiicidde	u, a signi	alui e is i	iot required it this form is submitted by e-mail.			
Acknowledgement:		Appro	val:				
ellow Activities	ities ar	nd International U72 Hours					
The Activity Assessor has received the relevant forms li	The Activi	tv Asses	ssor has received relevant forms listed above,				
•		including attachments; has reviewed the materials and gives					
above (and any other documents she requested). We		approval to proceed as planned.					
eceived notification she is aware of our plans.		• • • • • • • • • • • • • • • • • • • •		-			
Name of assessor:		Name of a	assesso	r:			
Acknowledgement received by:		Signature	of Activ	ity Assessor			
☐ Phone ☐ In person ☐ E-mail ☐ Fax ☐ Letter		J					
Date received:		Phono:		Date approved:			
vale received.		Phone:Date approved:					

2011/09 (Rev. 2016/09)



ACTIVITY NOTIFICATION or AUTHORIZATION (SG.3)

For Guiders and Assessors Page 3 of 3

Attach copy if E-mail, Fax or Letter E-mail: