**Group Trip Planning Checklist and Travel Documentation**

**Group leader name:**

**Program/destination:**

|  |  |  |  |
| --- | --- | --- | --- |
| **✔** | **Checklist steps** | **Notes/Comments** | **Office notes** |
| **Travel Approval** | |  |  |
| 🗖 | I have read and understand the [**Short-term International Travel Policy**](https://www.smith.edu/academics/lewis-gsc/policy). |  |  |
| 🗖 | My travel does not include any hazardous activities or I have consulted with the appropriate offices regarding my hazardous activities. | List any hazardous activities and office that approved them: |  |
| 🗖 | I have received **Preliminary Travel Approval** from the appropriate office and have submitted or will submit all required paperwork to that office. | Name of sponsoring office: |  |
| 🗖 | I have submitted a **proposed itinerary, syllabus** *(if applicable)* **and budget** to the above office and received final approval |  |  |
| 🗖 | I have verified that the **Controller’s Office** is aware of the trip and the funding and/or revenues will be accounted for appropriately |  |  |
| 🗖 | If **scholarships or college-funding** is available for student participants, I have identified resources and deadlines and will make these known to all students |  |  |
|  | | | |
| **Risk Assessment** | |  |  |
| 🗖 | I have reviewed country specific information from the [**U.S. State Department**](https://www.state.gov/) and determined what local health and safety issues need to be addressed. **(please note in comments)** | Relevant political, health and/or safety concerns: |  |
| 🗖 | I have read and understand the Smith College **Policy** **on State Department Travel Advisories** found on the International Travel Policy webpage. I have verified the [Travel Advisory risk level](https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories.html/) associated with the travel destination(s). | Is your destination under a travel advisory rated higher than Level 2? If so, participating students and their parents or guardians may be required to submit a special Risk Waiver. |  |
| 🗖 | I have checked the [**Centers for Disease Control**](https://www.cdc.gov/) and/or [**World Health Organization**](https://www.who.int/) for any critical medical or health concerns at my destinations and incorporated this in pre-departure medical and health planning: **check on required vaccinations and restrictions on import of pharmaceutical prescriptions** | Relevant restrictions on medications or prescriptions: |  |
| 🗖 | I have verified that the trip will have access to reliable, **safe and professionally insured local transportation** |  |  |
| 🗖 | I have identified the name and address of local hospitals for emergencies and am familiar with the [**Five College AIG/Travel Guard**](https://www.fivecolleges.edu/riskmgmt/intltravel/aigtravelguard)emergency and evacuation insurance plan | *Provide this information in Part IV, Section 3 below.* |  |
|  |  |  |  |
| **Pre-departure orientation** | |  |  |
| 🗖 | Review goals and purpose of the trip |  |  |
| 🗖 | Orient students to key political, cultural and geographic features of destination |  |  |
| 🗖 | Provide overview of health and safety concerns, including crime and harassment based on gender, ethnicity or other characteristics |  |  |
| 🗖 | Develop group dynamic expectations and guidelines, including conditions for involuntary withdrawal |  |  |
| 🗖 | Review packing guidelines, passport & visa status, and deadlines for payment or other paperwork |  |  |
| 🗖 | Ensure participants have signed Travel Waivers; registered with US Embassy (STEP program) |  |  |
| 🗖 | If medical clearance is required, review medical forms; and discuss serious health concerns in confidential meeting with individual students |  |  |
|  |  |  |  |
| **Attached forms completed and registered with the Lewis Global Studies Center (global@smith.edu)** | |  |  |
| 🗖 | Itinerary, with dates, transportation and accommodations |  |  |
| 🗖 | Group Roster |  |  |
| 🗖 | Emergency Response and Crisis Plan |  |  |
|  |  |  |  |

**Program Itinerary**

Name of program

Dates

Destination/s

Detailed Itinerary (additional info as attachment as needed)

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Location | Transportation mode/details | Accommodations:  Hotel name:  Contact info: |
|  |  |  | Hotel name:  Contact info: |
|  |  |  | Hotel name:  Contact info: |
|  |  |  | Hotel name:  Contact info: |
|  |  |  | Hotel name:  Contact info: |
|  |  |  | Hotel name:  Contact info: |
|  |  |  |  |

**Group Roster**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Full Name *(as on passport)* | Preferred first name | Smith 99 # | Citizenship | Passport # | Emergency Contact | | |
|  | | | | | Name | Relationship | Phone number/s |
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Emergency Response and Crisis Management Plan

Name of program

Dates

Destination/s

1. **Group Leaders’ contact information in-country (cell phone and/or local land-line)**

**Name:**   **Cell or phone #:**

**Name:**   **Cell or phone #:**

1. **Local Program contact information:**

Name: Organization:

Address:

Phone contact (including local country codes):

Additional contacts if available:

1. **Emergency medical treatment**

In your primary location, what is the local hospital and/or doctor to visit in an emergency?:

Hospital or physician name:

Street address: City:

Telephone number/s:

1. **Communications**

* Establish a crisis communication plan with students and include in your orientation session.
* Provide each student with emergency contact information.
* *Communication plans might include group emails for text messages, individual cell phones, a telephone tree, buddy system, and laminated wallet size cards.*
* What is your plan?:

1. **Transportation**

If planned transportation is unavailable (for example, due to strike or natural disaster), what alternative transportation modes are available to reach an airport or major city?