**Group Trip Planning Checklist and Travel Documentation**

**Group leader name(s):**

**Program/destination:**

|  |  |  |  |
| --- | --- | --- | --- |
| **✔** | **Checklist steps** | **Notes/Comments** | **Office notes** |
| **Travel Approval** | |  |  |
| 🗖 | I/we have read and understand the [**Short-term International Travel Policy**](https://www.smith.edu/academics/lewis-gsc/policy). |  |  |
| 🗖 | The group’s travel does not include any hazardous activities or I have consulted with the appropriate offices regarding any proposed hazardous activities. | List any hazardous activities and office that approved them: |  |
| 🗖 | I/we 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/we have submitted a **proposed itinerary, syllabus** *(if applicable)* **and budget** to the above office and received final approval |  |  |
| 🗖 | I/we have verified that the **Controller’s Office** (faculty/staff-led) or the **Office of Student Engagement** (student-led) 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/we have identified resources and deadlines and will make these known to all students |  |  |
|  | | | |
| **Risk Assessment** | |  |  |
| 🗖 | I/we have reviewed country specific information from the [**U.S. Department of State**](https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories.html/) and determined what local health and safety issues need to be addressed. **(please note in comments)** | Relevant political, health and/or safety concerns: |  |
| 🗖 | I/we 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 supplemental Risk Waiver. |  |
| 🗖 | I/we 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/we have verified that the group will have access to reliable, **safe and professionally insured local transportation on site** |  |  |
| 🗖 | I/we 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.* |  |
| 🗖 | I/we have worked with Five College Risk Management to prepare an appropriate Travel Waiver for participants. (This will take at least 10 days to prepare) |  |  |
|  |  |  |  |
| **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 the Five College Travel Waiver |  |  |
| 🗖 | Encourage participants to register their travel with the embassy/consulate of their country of citizenship (ie. [US Department of State Smart Traveler Enrollment Program (STEP)](https://step.state.gov/) for US citizens). |  |  |
| 🗖 | If medical clearance is required, review medical forms; and discuss serious health concerns in confidential meeting with individual students |  |  |
| 🗖 | Inform students that they should verify that their primary health insurance will cover them while abroad, or if not, they should consider obtaining international travel insurance (if not otherwise provided for the group) |  |  |
|  |  |  |  |
| **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: |
|  |  |  |  |

**Group Roster**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Full Name *(as on passport)* | Preferred first name | Smith 99 # | Country of 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?