LEAVE NO TRACE

Plan ahead and prepare

Travel & camp on durable surfaces

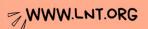
Dispose of waste properly

Leave what you find

Minimize campfire impacts

Respect wildlife

Be considerate of others



HELPFUL TIPS

- Carry items in a backpack or small bag.
- · Dress in layers.
- Always stay hydrated. Drink small amounts of water frequently.
- Always use the buddy system. A girl scout never adventures without at least one other person with them.
- Be responsible for yourself and your buddy. Buddies help each other.

- Have a plan for what to do in case you are separated or there is an emergency.
- Make sure someone knows your plans and where you are going. Check in with them at the beginning and end of your adventure.

BE PREPARED NOT SCARED



GO BAG CHECKLIST



Check to make sure you have all supplies before each adventure

- A Personal First Aid Kit:
 - Scissors
 - Band-Aids (various sizes)
 - · Antiseptic ointment
 - Butterfly bandages
 - Moleskin
 - Gauze
 - Surgical Paper Tape
 - Safety Pins (various sizes)
 - Sing Relief
 Wipes/Spray/Stick
 - Hand Sanitizer Wipes

- Bandana
- Poncho
- Emergency Blanket
- Flashlight
- Compass
- Emergency Whistle
- Small Bag for trash (ziplock)
- Small amount of toilet paper
- Emergency Contact Card
- Important Medical Info including allergies as necessary

IF YOU GET SEPARATED FROM THE GROUP, BLOW YOUR WHISTLE AS LOUD AS POSSIBLE

STAYING DRY MEANS STAYING WARM. USE YOUR PONCHO OR BLANKET AS PROTECTION FROM RAIN

Additional Recommended Items:

- Water
- Small portable snack item or bar
- Extra flashlight batteries
- · Map of your location
- Weather appropriate protection:
 - If warm weather: sunscreen, sunglasses, sun hat, insect repellant.
 - If cold or wet weather: extra socks, warm hat that covers ears, mittens, extra layer (warm pants and top), hand/toe warmers.



GO BAG

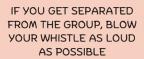


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Go Bag Checklist:

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Medical Information & Allergies	Medical Information & Allergies	Medical Information & Allergies
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Medical Information & Allergies	Medical Information & Allergies	Medical Information & Allergies
Medical Information & Allergies	Medical Information & Allergies	Medical Information & Allergies

My Name:	My Name:	My Name:
My Birthdate:	My Birthdate:	My Birthdate:
Emergency Contact 1 Name:	Emergency Contact 1 Name:	Emergency Contact 1 Name:
Phone Number:	Phone Number:	Phone Number:
Emergency Contact 2 Name	Emergency Contact 2 Name	Emergency Contact 2 Name
Phone Number	Phone Number	Phone Number
My Name:	My Name:	My Name:
My Birthdate:	My Birthdate:	My Birthdate:
Emergency Contact 1 Name:	Emergency Contact 1 Name:	Emergency Contact 1 Name:
Phone Number:	Phone Number:	Phone Number:
Emergency Contact 2 Name	Emergency Contact 2 Name	Emergency Contact 2 Name
Phone Number	Phone Number	Phone Number
My Name:	My Name:	My Name:
My Birthdate:	My Birthdate:	My Birthdate:
Emergency Contact 1 Name:	Emergency Contact 1 Name:	Emergency Contact 1 Name:
Phone Number:	Phone Number:	Phone Number:
Emergency Contact 2 Name	Emergency Contact 2 Name	Emergency Contact 2 Name
Phone Number	Phone Number	Phone Number