

Trip Planner

Trip plan of _____

WHERE

Destination _____

Route going _____

WHEN

Date and Time of departure _____

Date and Time of return _____

WHO

Names of participants _____

WHY

Purpose of the trip _____

WHAT

Gear and other items to be taken: _____

Outdoor essentials. _____

Other clothing and gear _____

Permits required _____

Special equipment needs _____

Special clothing needs _____

HOW

List the principles of Leave No trace that relate to your trip. For each one, write a sentence explaining what the patrol will do to follow that principle. _____

Emergency Response Plan

Trip location: [See Trip Planner]

ROUTE

Day One _____

Day Two _____

Day Three _____

Day Four _____

Day Five _____

Day Six _____

Day Seven _____

MEMBERS

	<u>Name</u>	<u>Cell Phone</u>	<u>Medical Training Level</u>
Leader:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

RESOURCES

Location of nearest public telephones: _____

Location of nearest towns: _____

GROUP FIRST AID KIT (Circle one) YES NO

EMERGENCY CONTACTS

Include telephone numbers of Land Management Agencies, BSA Council Officials, Emergency Response System, and Search and Rescue.

<u>Agency</u>	<u>Telephone</u>	<u>Agency</u>	<u>Telephone</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMERGENCY RESPONSE

Conditions for activating an Emergency Response [for instance, if you are a day late.]

HEALTH CARE

Driving instructions to clinics, hospitals, and other health-care facilities.
