

Emergency Contact Sheet

Trip Date/Location:

Emergency Service Numbers

Local Emergency Phone Number	
EMS	
Poison Center	
Fire	
Police	

Nearest Emergency Healthcare

Name	Type (Hospital/Urgent Care)	Address	Travel time from camp site

Offsite Troop Backup	Phone

Trained Leadership Log

Trip Date/Location:

Training	Name	Name	Name
YPT			
First Aid			
CPR			
Wilderness FirstAid/ Remote Rescue			
Hazardous Weather			

Additional Training if trip requires it:

Training	Name	Name	Name
Climb On Safely			
Safe Swim Defense			
Safety Afloat			
Trek Safely			

First Aid Kits

Kit number	Last Kit Inspection Date	Used On Trip?

Medical Form Summary

Trip Date/Location:

Epi-Pens

Name	Reason carried	Expiration Date on Pen	Pen Count/Locations

Rescue Inhalers

Name	Reason	Expiration Date on inhaler	Inhaler/Locations

Participants needing Medications

(Trip attendees should have trip length + 48 hours of any prescribed medications)

[illegible]