

## Backpacking Safety Management Plan

<b>Trip Name:</b>	<b>Leaders' Names &amp; Cell phone #:</b>
<b>Start Date:</b>	<b>Finish Date:</b>
<b>Entry Trailhead:</b> (give enough detail to locate on a map: e.g., map quad, nearest road, name of trailhead....)	<b>Exit Trailhead:</b>
<b>Total Participants:</b> __Adult __ Girls	

### Land Use/Agency Information

<b>Management agency:</b>	<b>Ranger Stn. Location:</b>	<b>Ranger Stn. Phone #:</b>
		<b>Ranger Stn. Hours:</b>

### Emergency Information:

<b>Back Country Emergency Contact:</b> <b>All Emergencies: 911</b>		<b>Add'l Emergency Contacts For In-town Contact:</b>
<b>Name</b>		
<b>Phone #</b>		
<b>In-Town Contact:</b>  (This person has names & family contact numbers for all participants, plus the trip itinerary, gear list and emergency phone numbers)		
<b>'Not Out On Time' Contact:</b>		
<b>Girl Scout Council Contact:</b>		

Closest Medical Facility:

<b>Name</b>	
<b>Address</b>	
<b>Phone</b>	
<b>Hours:</b>	

Itinerary with Evacuation Plan

<b>Notes:</b>
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Day	Date	Route: Our intended schedule for the day
		Evacuation: Include distance and type of help available (road head, ranger station, etc.)
1		
2		
3		

A/G L/YT	Participant's Name/Certs Em Contact  Leaders EM contact	P'work done	Health Hx 3	OTC Meds 3	Girl's P. slip 3 trip	Tram \$21.65	S. J. Carpool Sign up	Pack check Sign up
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