

## Hiking / Trip Plan

### HIKING, BACKPACKING, TRAVEL PLAN WITH CONTINGENCIES

This document is fairly detailed and addresses most, but not all information and concerns that could arise related to the trip you may be planning. It is a good practice to have ALL the members of your group fill out one of these forms (EXCEPT ITEM 6) The trip leader should fill out the form in its entirety. Make copies and leave one set with someone you trust, one set in your vehicle at the departure point and keep one set with someone in your group. The information is useful in almost any emergency situation and will provide Emergency Responders with the information needed to holistically address issues related to any possible, emergency response or search and rescue operation. Not all of the information contained will apply to every individual or trip. Fill out information pertinent only to your particular journey.

#### **1. TRAVEL INFORMATION**

DATE OF TRIP : FROM \_\_\_\_\_ TO \_\_\_\_\_

DEPARTING FROM: (residence, lodging facility, campground, etc)

\_\_\_\_\_

RETURNING TO: (residence, lodging facility, campground, etc)

\_\_\_\_\_

MODE OF TRANSPORTATION TO DEPARTURE POINT:

AIR: AIRLINE \_\_\_\_\_ FLIGHT # \_\_\_\_\_ DEP \_\_\_\_\_ ARR \_\_\_\_\_

TRAIN: \_\_\_\_\_ DEP \_\_\_\_\_ ARR \_\_\_\_\_

BUS: \_\_\_\_\_ DEP \_\_\_\_\_ ARR \_\_\_\_\_

PRIVATE AUTO: \_\_\_\_\_

FOOT: \_\_\_\_\_

ESTIMATED TIME OF DEPARTURE (ETD) : \_\_\_\_\_

ESTIMATED TIME OF RETURN (ETR) : \_\_\_\_\_

**INITIATE EMERGENCY NOTIFICATION AFTER \_\_\_\_\_ HOURS / DAYS WITHOUT CONTACT OR \_\_\_\_\_ HOURS / DAYS FROM ETR WITH NO RESPONSE.**

#### **2. PERSONAL INFORMATION**

NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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CITY, STATE, ZIP \_\_\_\_\_

PHONE: (H) \_\_\_\_\_ (C) \_\_\_\_\_

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

**3. MEDICAL INFORMATION**

BLOOD TYPE: \_\_\_\_\_

I HAVE EXISTING MEDICAL CONDITIONS: YES NO

I HAVE THE FOLLOWING KNOWN MEDICAL CONDITIONS OR ISSUES (i.e. diabetes, asthma, heart condition, existing injuries, disabilities, etc)

\_\_\_\_\_  
\_\_\_\_\_

I TAKE THE FOLLOWING PRESCRIPTIONS FOR MY CONDITIONS (i.e. Motrin 200 mg x2 per day) \_\_\_\_\_

\_\_\_\_\_

I AM ALLERGIC TO THE FOLLOWING FOODS AND MEDICATIONS: \_\_\_\_\_

\_\_\_\_\_

MY PRIMARY CARE MANAGER/ PHYSICIAN IS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

MY INSURANCE IS PROVIDED THROUGH: \_\_\_\_\_

POLICY OR MEMBER NUMBER: \_\_\_\_\_

I HAVE AN ADVANCED DIRECTIVE FOR MEDICAL CARE AND TREATMENT: YES NO

IT IS LOCATED AT: \_\_\_\_\_

**4. VEHICLE INFORMATION** (VEHICLE USED FOR TRIP)

YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ LIC PLATE# \_\_\_\_\_

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**5. ADDITIONAL EMERGENCY CONSIDERATIONS**

I HAVE CHILDREN IN THE CARE OF OTHERS: YES NO

NAME(S)/ AGE: \_\_\_\_\_

THEY ARE IN THE CARE OF: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: (H) \_\_\_\_\_ (C) \_\_\_\_\_

I HAVE PETS AT HOME: YES NO

LOCATION: \_\_\_\_\_

THEY ARE BEING CARED FOR BY: \_\_\_\_\_

PHONE:(H) \_\_\_\_\_ (C) \_\_\_\_\_

**6. TRIP INFORMATION**

DEPARTURE POINT: (trailhead, road intersection, grid coordinates, Lat/Long, etc.)  
\_\_\_\_\_

END POINT, DESTINATION or OBJECTIVE: (point of interest, hilltop, lake, loop hike, through hike, climbing route, etc) Be as detailed as possible. Use grid coordinates or Lat/Long if available. \_\_\_\_\_

THIS IS A: SINGLE DAY TRIP MULTI-DAY TRIP

DIRECTION OF TRAVEL: (north, south, east, west, compass heading, etc) \_\_\_\_\_

ESTIMATED DISTANCE TO BE TRAVELLED: EACH DAY \_\_\_\_\_ THIS TRIP \_\_\_\_\_

THERE ARE WAYPOINTS OR STOPS PLANNED ON THIS TRIP: YES NO

LOCATIONS OF PLANNED STOPS AND PURPOSE: (i.e campsite, rest stop, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

THIS TRIP ENTAILS INTENTIONAL OFF TRAIL OR CROSS COUNTRY ROUTES: YES NO

OFF TRAIL PORTION BEGINS AT (location description, grid coordinates, Lat/Long, etc.) \_\_\_\_\_

OFF TRAIL PORTION ENDS AT (location description, grid coordinates, Lat/Long, etc.) \_\_\_\_\_

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**Please insert or attach a sketch or map overlay of your planned route here.**



