

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.

7. GEAR LIST AND SUPPLIES

I HAVE WITH ME, THE FOLLOWING EQUIPMENT AND SUPPLIES: (Focus on items that relate to survival first; food, water, clothing, shelter, etc. This will help responders assess your overall survival capabilities)

ITEM	QUANTITY
<i>EXAMPLE- WATER</i>	<i>4 LITERS</i>

8. OTHER MEMBERS OF MY PARTY INCLUDE:

NAME	GENDER	DOB/ AGE	PHONE#

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NAME	GENDER	DOB/ AGE	PHONE#

9. COMMUNICATION CAPABILITIES

I HAVE ONE OR MORE OF THE FOLLOWING COMMUNICATION DEVICES: YES NO

SAT PHONE: SERIAL# _____ PHONE# _____

SPOT LOCATOR: SERIAL# _____ ACCOUNT# _____

CELLULAR PHONE: # _____

OTHER: _____

10. ADDITIONAL INSTRUCTIONS, INFORMATION OR DIRECTIONS (I.E. location of important documents, additional contacts, etc)

NOTE: This document may contain personally identifiable information (PII) when completed. It should be safeguarded to the best of your ability and destroyed at the conclusion of your trip. It only contains recommended information to be provided and may not address all information relative to each individual or your specific trip.