



Day Trip Plan

No One Plans To Get Hurt - Trip Plans Save Lives!



| Trip Details | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------------|------|--|---------|--|
| Date/Time of Departure: | | Departing From: | | | | |
| End Destination: | | Date/Time Return: | | | | |
| Description of Travel Plans: (Include planned stops & route to/from. Include WHERE you will be parking.) | | | | | | |
| Description of Trip: (What are you planning to do & what might you add along the way. Include trail names/route details. Use Pg 3 for more elaborate details) | | | | | | |
| Vehicle Plate #: | | Description: | | | | |
| Trailer Plate #: | | Description: | | | | |
| Other Equipment Descriptions (bikes, ATV/UTV/Snowmobile with plate #, etc): | | | | | | |
| Trip Participants (* denotes "Leader" / Group Contact) | | | | | | |
| 1* | Name: | | Age: | | Cell #: | |
| Physical or Medical Considerations (consider adding Health Card #): | | | | | | |
| 2 | Name: | | Age: | | Cell #: | |
| Physical or Medical Considerations (consider adding Health Card #): | | | | | | |
| 3 | Name: | | Age: | | Cell # | |
| Physical or Medical Considerations (consider adding Health Card #): | | | | | | |
| 4 | Name: | | Age: | | Cell # | |
| Physical or Medical Considerations (consider adding Health Card #): | | | | | | |
| 5 | Name: | | Age: | | Cell # | |
| Physical or Medical Considerations (consider adding Health Card #): | | | | | | |



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Trip Preparedness (Describe gear and personal items taken on trip for play and/or emergencies)

Blank space for describing gear and personal items taken on trip.

| Emergency Contacts | Name | Relationship | Phone # |
|-------------------------------------------------------------|------|--------------|---------|
| * Group Primary Contact & individual contacts if applicable | * | | |
| | | | |
| | | | |
| | | | |
| | | | |

Emergency Communication Devices: (list any satellite devices with contact details/instructions for each):

Communication Plan: (Describe your plan to check-in during trip, when delayed, and after.)

No Return / Response Plan (info for YOUR Emergency Contact)

IF you are late & not checked in what do I DO? (discuss reasonable time allowance before responding and suggested plan of action in steps/stages)

Who do I contact? (Consider leaving contact #s for Outfitters, guides, local businesses, parks office, etc to contact in addition to 911 call)

**Remember ALWAYS CALL 911 to report missing & overdue persons!
You DO NOT need to wait 48hrs.**

Additional Information: (weather forecast, Trip alternatives or Plan B's, alternative exit points)



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TRIP PLAN ADDITIONAL INFORMATION (Use this space to add MORE content and details to your trip plan on page 1-2. The more info you leave behind the easier a search and rescue can be organized for your safe return! Consider more details on trip routes, trail names, GPS locations, personal health info, etc)