

Trip Plan

Enter the information below. This information should be left with a trusted person that is not going to be going on the trip. This information could be used to aid search and rescue or medical personnel if needed.

Personal Information

First Name: _____

Last Name: _____

Age: _____ Gender: Male / Female Cell Phone: _____

Vehicle Information:

Make: _____ Model: _____ Year: _____

Color: _____ License Plate State and Number: _____

Location / Route Information

On ___ / ___ / _____ at _____ am pm, I will be going to: _____

I plan on returning no later than: _____ In the event that I do not return by this time, I would like you to contact the police _____ hrs afterwards.

How many vehicles will you be travelling with? _____

Communication

I will be monitoring CB Channel or Radio Frequency: _____

Is cell service generally available in the area you plan to travel? Yes No

Equipment / Supplies

First Aid Kit Water Rations Extra clothing

Emergency Blankets Tools (vehicle repair)

Medications (*How many days of medication will you have?* _____)

Emergency Locator Beacon (*Serviced by:* _____)

Marking / Signaling

In the event that I must signal rescuers, I plan on using the following methods:

Daytime Signaling: _____

Daytime Marking: _____

Nighttime Signaling: _____

Nighttime Marking: _____

Training / Experience:

Medical: Yes No Explain: _____

Survival / Outdoor: Yes No Explain: _____

Sustainability:

Based on the current and projected conditions, I estimate that I could survive and sustain myself for _____ Hours Days if needed.

Medical:

List any medical conditions that may be relevant: _____

Additional Information / Notes:
