Emergency Contact List

Location of trip or expedition _____

Names and locations of nearest town(s), city(ies) _____

	Nearest	***Name***	***Phone Number***
Local contact			
Doctor/hospital/medical facility			
County sheriff's department			
State or federal park station			
State highway patrol			
BSA local council service center			

_____after-hours emergency contact

Activity Participant	***Youth***	***Leader***	***Family Contact***	***Phone number***
_____	❑	❑	_____	_____
_____	❑	❑	_____	_____
_____	❑	❑	_____	_____
_____	❑	❑	_____	_____
_____	❑	❑	_____	_____
_____	❑	❑	_____	_____
_____	❑	❑	_____	_____
_____	❑	❑	_____	_____
_____	❑	❑	_____	_____
_____	❑	❑	_____	_____
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