The Backpacker's Field Manual

TRIP SAFETY PLAN

Personal Information		
Full name		
Home address		
City		
State		
Postal Code		
Home phone		
Cellular phone	<u> </u>	
Contact for Change in	Plans	
Full name		
Home address	<u> </u>	
City	<u> </u>	
State	<u> </u>	
Postal Code	<u> </u>	
Home phone	<u> </u>	
Cellular phone	<u> </u>	
Return Date		
Earliest date and time		
Latest date and time		
		e and time listed, and I have not notified the contact above regarding a change in plans, notify the police
and park security at the p	ohone nui	mbers below.
Emergency Contact In	formatio	on .
Police		
Park security		
Medical Information		
Medical conditi	ons	
Allerç	jies	
Current medicati	ons	
Transportation		
What form of Transporta	tion to Tr	railhead?
☐ Personal Vehicle ☐	Public T	ransportation • Other
If you are driving yours	self:	
Vehicle 1 owne		
Vehicle 1 make/mode		
Vehicle 1 license plate		
Vehicle 2 owne		
Vehicle 2 make/mode		
Vehicle 2 license plate		
If someone is dropping		and picking you up:
Name of person droppi		
Home		
Alternative		
Name of person pick		
Home	phone	
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Members of Your Party Name of trip leader Home address City State Postal Code Home phone Full name Home address City State Postal Code Home phone Full name Home address City State Postal Code Home phone Full name Home address City State Postal Code Home phone **Route Information** Starting point Route day 1 Campsite Route day 2 Campsite Route day 3 Campsite Route day 4 Campsite Route day 5

Ending point

Campsite