**Troop 1916 Emergency Plan**

*To be completed by the Committee Outdoor Program Chair and sent to the SM, Outing Adult Leader if not SM, CC, Outdoo*r *ASM, Outdoor Committee Program Chair and designated Outing Medic and Assistant Medic before the outing. A copy should also be included in the Outing Binder.*

**Destination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date(s) of Outing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Names of Adults and Scouts Attending - Attached:**

*Attach print out from Sign-up Genius; obtain from designated outing coordinator.*

**Local Hospitals and Clinics; driving directions attached:**

*Indicate the two medical facilities closest to the outing, including a hospital with an emergency room. Attach driving directions from the outing location to these medical facilities to the emergency plan and include them in the Outing Information Package given to the Adult Leader of the Outing before Departure.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Hospital or Clinic Name** | **Address** | **Phone** | **Distance from Outing Destination:** |
|  |  |  |  |
|  |  |  |  |

**Troop Medic:**

*The Medic is the adult attending the outing who will be responsible for the Medical Binder, safeguarding and distributing medications during the outing, being aware of and making necessary arrangements for any food, sting or other serious allergies and other special needs in coordination with the parents, Outdoor ASM and outing Grubmaster, being familiar with the Emergency Plan, and knowing where the closest medical facilities.*

|  |  |  |
| --- | --- | --- |
|  | **Name** | **Cell Phone** |
| **Primary Medic** |  |  |
| **Secondary Medic** |  |  |

**Emergency Contacts on the Outing:**

|  |  |  |
| --- | --- | --- |
|  | **Name** | **Cell Phone** |
| **Primary Emergency Contact (often SM)** |  |  |
| **Secondary Emergency Contact** |  |  |

**Troop Contacts for Emergency Communication:**

*A designated adult* ***not*** *attending the outing* ***who will be in the local McLean area*** *during the outing will be responsible for working with the SM/Adult Outing Leader in the event of an emergency, coordinating the emergency response if necessary, and communicating information to troop families. The Secondary Emergency Contact is designated in case the Primary is unavailable.*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name** | **Cell Phone** | **Alternate Phone** |
| **Primary Emergency Contact** |  |  |  |
| **Secondary Emergency Contact** |  |  |  |

**Facility Contact:**

Does the outing site have cell coverage? Yes No

Facility Phone(s): ­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If no cell coverage or facility phone access, provide phone numbers where the troop can be reached in case of an Emergency, e.g., local land management agencies, etc.

|  |  |
| --- | --- |
| **Name/Agency** | **Phone** |
|  |  |
|  |  |

Indicate any special details about this outing’s communications plan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Emergency Plan Distribution:** Distribute electronically to Scoutmaster, Outing Adult Leader (if not SM), Committee Chair, Medic and Assistant Medic, Outdoor ASM, Outdoor Committee Program Chair. Ensure the plan is included in the Outing Binder. Refer to the troop outing planning guide for a list of troop contacts.