

Trip Information Sheet Public Use

Information in this sheet is only to be shared with trip leaders/emergency contact person/emergency services.

	Attendant inf	formation
Name		Phone
Vehicle description (ma	ake/model/license plate	number (state))
Medical info	Medical history	
	Wicalcal History	
	Allergies	
	Medications	
	ncy Contact (reliable pers	son not on the trip with you)
Name		Phone
Relationship		
	Trip Inforn	nation
Date/dates		
Trailhead/parking loca	tion	
Trip itinerary (Start/en		
GPS coordinates (if kno	own)	
(Planned return time to	o noint of departure or o	ther planned destination. Contact the
•	•	f the wilderness and back to safety)
	Take Las	-d
Name	Trip Lea	Phone
	Other infor	mation
Other vehicles at trailh	ead (descriptions)	
Other people on the tr	ip (contact info)	