**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 |
| ❑ | ❑ |   |   |
| ❑ | ❑ |   |   |
| ❑ | ❑ |   |   |
| ❑ | ❑ |   |   |
| ❑ | ❑ |   |   |
| ❑ | ❑ |   |   |
| ❑ | ❑ |   |   |
| ❑ | ❑ |   |   |
| ❑ | ❑ |   |   |
| ❑ | ❑ |   |   |
| ❑ | ❑ |   |   |