

Backcountry Itinerary

And Emergency Communication Plan



Complete this form entirely, print, and leave with your emergency point of contact (EPOC). Set clear expectations for notification and always make contact as agreed. When contact is not made as agreed, the assumption must be that an emergency has arisen and it is the responsibility of the EPOC to reach out to the designated authorities (911, local police, rangers, etc.) to initiate a search and rescue effort.

EXPECTED RETURN TIME

If you have not heard from me by this time, begin calling the designated authorities (below) and report me as overdue.

Date: Day of Week: Time:

Designated Authorities / Emergency Contacts

In case of emergency or overdue, call in order:

	Contact:	Phone:
1	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>
3	Contact: 911	Phone: 911

Camp Identification:

No. of Shelters: Describe each shelter type, color:

Sat/Radio Communication:

inReach <input type="checkbox"/>	Spot <input type="checkbox"/>	Zoleo <input type="checkbox"/>	ID/Phone No: <input type="text"/>
Other <input type="text"/>			
Radio: <input type="checkbox"/>	Freq / Channel: <input type="text"/>		

Transportation:

Vehicle License: <input type="text"/>
Make: <input type="text"/> Model: <input type="text"/>
Color: <input type="text"/> Parked: <input type="text"/>

OR // Dropped Off By:

Name: <input type="text"/>
Phone Number: <input type="text"/>

OR // To Be Picked Up By:

Name: <input type="text"/>
Phone Number: <input type="text"/>
Date: <input type="text"/> Time: <input type="text"/>
At Location: <input type="text"/>

Trip Overview

General Area of Travel: <input type="text"/>	No. of Days: <input type="text"/>	No. of Nights: <input type="text"/>
Specific Area of Travel: <input type="text"/>		
No. of Nights: 2		
Starting Trailhead: <input type="text"/>	Ending Trailhead: <input type="text"/>	

Daily Itinerary (List trails hiked, camp locations, by day):

Attach a map of the planned route, camp sites, and any additional possible routes of exploration or exit. Annotate to clearly indicate day of travel and add any additional information that could help during search and rescue operations.



Hikers in Party. Be as complete as possible. EPOC should be prepared to provide these details to emergency responders.

Hiker # <input type="text"/> Name: <input type="text"/>	
Cell Phone # (only if carrying): <input type="text"/>	
Age: <input type="text"/>	Apparent Gender: <input type="text"/>
Height: <input type="text"/>	Weight: <input type="text"/>
Hair Color: <input type="text"/>	Skin Color: <input type="text"/>
Other Identifying Features: <input type="text"/>	
Physical Limitations: <input type="text"/>	
Rx Medications: <input type="text"/>	
Medical Conditions: <input type="text"/>	
Describe Clothes, Packs, Colors: <input type="text"/> <input type="text"/>	

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Rx Medications: <input type="text"/>	
Medical Conditions: <input type="text"/>	
Describe Clothes, Packs, Colors: <input type="text"/> <input type="text"/>	

Duplicate page for additional hikers as needed.