Personnel Information

Fill out for each member of your field team.

Name: Cell Phone:

Known allergies:

Current medications:

Emergency contact: Phone:

Insurance:

Name: Cell Phone:

Known allergies:

Current medications:

Emergency contact: Phone:

Insurance:

Name: Cell Phone:

Known allergies:

Current medications:

Emergency contact: Phone:

Insurance:

Local Emergency Services

List the local emergency agencies and telephone numbers for each field location.

Location: ______		
Local Medical Services	**Local Law Enforcement**	**Local Fire Control**
Name: Address: Telephone #:	Name: Address: Telephone #:	Name: Address: Telephone #:

Location: ______		
Local Medical Services	**Local Law Enforcement**	**Local Fire Control**
Name: Address: Telephone #:	Name: Address: Telephone #:	Name: Address: Telephone #:

Location: ______		
Local Medical Services	**Local Law Enforcement**	**Local Fire Control**
Name: Address: Telephone #:	Name: Address: Telephone #:	Name: Address: Telephone #:

Location: ______		
Local Medical Services	**Local Law Enforcement**	**Local Fire Control**
Name: Address: Telephone #:	Name: Address: Telephone #:	Name: Address: Telephone #:

Emergency Contact Form and Field Plan

Who is going: List all personnel.

Name	Contact Phone Number

Where are you going? When are you going? List all field locations with specific details.

Location (name, address, GPS location, etc.)	Date	Estimated Time

When will you be back? List the estimated return time.

What time should emergency services be called?

Who should be called if you do not check-in by the specified time?

Field Site Name/Location	Local Emergency Services	Contact Phone Number