

Emergency Numbers

Site Contact Name: _____

Phone Number:(_____)_____

Fire Department: _____

Phone Number:(_____)_____

Police/Sheriff: _____

Phone Number:(_____)_____

Nearest Emergency Medical Facility: _____

Phone Number:(_____)_____

Address: _____

City: _____

In-town Contact: _____

Phone Number:(_____)_____

Safety Review

In the boxes below indicate the safety points to be reviewed with all participants. Date and initial when done.
Tip: Letting girls participate in developing the rules helps them in following those rules.

Means of transportation	Safety rules to be reviewed prior to departure	Date of completion

Planned activities	Safety rules to be reviewed prior to program activity	Date of completion

Outdoor living	Safety rules to be reviewed	Date of completion
Cooking		
Sanitation		
Sleeping		
Other		

Evacuation plan in case of fire (non-council site): _____

Emergency plan in case of a natural disaster (non-council site): _____

Site hazards: _____

**Attach list of all participants and carry a copy of this on trip.
Review the information with the girls and adults going on the trip.**

Your Activity Consultant can be a helpful resource person
if you have questions on completing this form.