



Emergency Action Plan

Location

Activity: _____ Date: _____

Event Planning Lead and Phone Number: _____

Location Name & Address: _____

Participants

Attach a full list of participants and emergency contact information

Number of youth Girl Scouts attending: _____

Number of background checked adult volunteers supervising: _____

Number of any non-Girl Scout guests attending: _____

Emergency Numbers

Campground or Ranger: _____

EMS: _____

Fire: _____

Nearest Hospital: _____

Police: _____

Poison Control: 800-222-1222

GSSN After Hours Emergency: 775-391-2510

Name and Address of Medical Facility with
24 hour care:

Troop At-Home Emergency Contact:

On Site Meeting Point:

Emergency Evacuation Meeting Point:

Note: Report any first aid administered on a simple log kept with the first aid kit. For any injury more than a scrape or small cut, fill out the Accident/Incident Report.

If you have to call 911....

Be prepared to give this information to the EMS dispatcher:

Caller Name: _____

Phone Number of Caller: _____

What Happened: _____

Location: _____

Street Address: _____

City or Town: _____

Directions (cross streets, roads, landmarks):

How many people are injured and their ages:

Condition of person:

Help Administered:

