**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

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| --- | --- | --- | --- |
| ***Activity Participant Youth*** | ***Leader*** | ***Family Contact*** | ***Phone number*** |
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