MEDICAL PLAN

Mission Number	Operational Period	Date	Time

Medical Emergency Procedures

Available Medical Personnel and Special Equipment

Name / Equipment	Team #	Location	Credentials

Available Transportation to Medical Facilities

Name of Transport	Location	Phone Number	Paramedic	EMT
			☐	☐
			☐	☐
			☐	☐
			☐	☐

Area Medical Facilities

Name	Location	Phone Number	Travel Time Ground	Travel Time Air	Helipad
					☐
					☐
					☐
					☐

	Name	Title
Prepared by		
Reviewed by		