

WLEE Trip Plan

Date Plan Completed

November 19, 2021

GENERAL INFORMATION

Trip/Course Name			Expected Departure Time	
Dates			Expected Return Time	
Lead Instructor			Assistant:	
General Location				
Specific Trailhead/Destination				
Names of Participants				
Primary Activities				

RISK MANAGEMENT

Medical Responders on Trip:				
Name	Credential	Credential	Other Credential	Phone Number
1st Aid & Emergency Supplies Carried				
Field Communication Equipment				
BC WLEE Contact Information:	Will Hobbs, 478-234-0790	Robert Dye, 828-506-0412	Ryan DeGarmo, 740-703-1438	Jenny Kafsky, 740-703-1311
	Stan Jacobsen (828) 243-4430	Brevard College Campus Security (828) 884-5789		
Designated Backup for this Experience:				
Nearest Hospital and Trauma Center (name, address, phone #):				
Nearest Ranger Station (name and phone #):				
Emergency Procedures: Assess situation, and determine response plan. Provide 1st aid as necessary. Contact ranger & emergency response, and then contact Brevard College.				
Primary Medical Concerns Among Participants:				

NATURE & ENVIRONMENT

Expected Environmental Conditions and Concerns:	
Anticipated Flora & Fauna Conditions and Concerns:	

FOOD PLANNING

Explain the Food Planning Process:	
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PROGRAM DESIGN/CURRICULUM

General Intent/Purpose of the Experience:	
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Anticipated Behavior Plan:

ADDITIONAL COMMENTS

File Contents Checklist

- | | |
|--------------------------|---------------------------------|
| <input type="checkbox"/> | Med Forms |
| <input type="checkbox"/> | Waivers |
| <input type="checkbox"/> | Student Equipment List |
| <input type="checkbox"/> | Gear Checkout Form |
| <input type="checkbox"/> | Rations/Menu Plan |
| <input type="checkbox"/> | Maps |
| <input type="checkbox"/> | Route Plan |
| <input type="checkbox"/> | Permits |
| <input type="checkbox"/> | Reservations (Campground, etc.) |
| <input type="checkbox"/> | Other |