

Adopt A Stream Activity Planning Form

Name of AAS Group _____

Date of Activity _____

Location _____

In case of emergency, the following persons have cell phones.

The following persons have first aid kits, expertise, or equipment:

The med station nearest our work area is located:

The emergency room nearest our work area is:

Emergency phone numbers:

Ambulance:

Hospital:

Med Station:

Other:

The nearest restroom is located:

In case of heavy rain or electrical storm, our shelter plan/alternative activity is:

Names and phone numbers of parents of minor children, or other emergency contact information: