



# Medical Plan (ICS-206)

<b>1. INCIDENT</b>		<b>Name</b>				<b>2. DATE/TIME PREPARED</b>		<b>Date</b>			
		<b>Number</b>						<b>Time</b>			
<b>3. OPERATIONAL PERIOD</b>				<b>Date From</b>				<b>Date To</b>			
				<b>Time From</b>				<b>Time To</b>			
<b>4. INCIDENT MEDICAL AID STATION</b>											
<b>Medical Aid Stations</b>		<b>Location</b>		<b>Contact (number or frequency)</b>		<b>Paramedics</b>					
						<b>Yes</b>		<b>No</b>			
<b>5. TRANSPORTATION (indicate air or ground)</b>											
<b>Ambulance Service</b>		<b>Location</b>		<b>Contact (number or frequency)</b>		<b>Level of Serv.</b>					
						<b>ALS</b>		<b>BLS</b>			
<b>6. HOSPITALS</b>											
<b>Hospital Name</b>		<b>Address (Lat, Long if Helipad)</b>		<b>Travel Time</b>		<b>Contact (number or frequency)</b>		<b>Helipad</b>		<b>Burn Ctr</b>	
				<b>Air</b>	<b>Grnd</b>			<b>Y</b>	<b>N</b>	<b>Y</b>	<b>N</b>
<b>7. MEDICAL EMERGENCY PROCEDURES</b>											
<b>8. PREPARED BY</b>		<b>Position</b>				<b>Signature</b>					
		<b>Name</b>									
<b>9. APPROVED BY</b>		<b>Position</b>				<b>Signature</b>					
		<b>Name</b>									