



Medical Plan (ICS-206)

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