



Medical Plan (ICS-206)

1. INCIDENT		Name			2. DATE/TIME PREPARED	Date						
		Number				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										