# MEDICAL PLAN (ICS-206)

| Incident Name: | Operational Period (start): | Operational Period (end): |
|---|---|---|
| | | |

First-Aid Stations:

| Name | Location/Address | Telephone #/Radio Channel | EMTs On-site |
|---|---|---|---|
| | | | ☐ Yes ☐ No |
| | | | ☐ Yes ☐ No |
| | | | ☐ Yes ☐ No |
| | | | ☐ Yes ☐ No |
| | | | ☐ Yes ☐ No |

Ambulance Services:

| Name | Location/Address | Telephone #/Radio Channel | EMTs On-board |
|---|---|---|---|
| | | | ☐ Yes ☐ No |
| | | | ☐ Yes ☐ No |
| | | | ☐ Yes ☐ No |

Hospitals

| Name | Location/Address | Telephone # | Travel Time | Helipad |
|---|---|---|---|---|
| | | | | ☐ Yes ☐ No |
| | | | | ☐ Yes ☐ No |
| | | | | ☐ Yes ☐ No |

Summary of Medical Emergency Procedures:

| Prepared By: | ICS Position/Assignment: | Preparation Date/Time: |
|---|---|---|
| | | |