

KCR Phone Number: 570-702-8000
KCR Fax Number: 570-702-8093



Trip Proposal

Day Trip

Overnight Trip

KCR

KIL

Residential Area: _____

Destination:

Date & Time of Departure: _____

Date & Time of Return: _____

Mode of Transportation: _____

Staff/Client Ratio: _____

Residents Attending Trip:

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

7. _____ 8. _____

Special Needs/Notes of Resident attending:

Staff Attending Trip:

1. _____ 2. _____

3. _____ 4. _____

****Please attach a copy of the schedule that will reflect staff hours and overtime if needed****

Rev. 1/09

Emergency Plan

Hotel Name/Location/Phone Number:

Staff Designated to handle Emergency Situations:

Name/Location of Closest Hospital:

Local Emergency Contact Number: _____

(park security etc.)

Emergency Plan (If participant becomes separated from group or travel delays)

Prior to leaving for a trip, staff will be sure the following is in place:

- Face Sheets for all residents in attendance***
- Lifetime Medical for all residents in attendance***
- Current Photo of each resident in attendance***
- Identification for each resident in attendance to be worn at all times (when possible)***
- Medications***
- Cellular Phone***
- Written description of clothing worn by each resident***

Staff will photo copy the resident's identification and keep the original along with the current photo. If a resident should get separated from the group, this will assist with the search. On the back of the copied identification that each resident will be wearing, the following information will be included:

- Name of staff to contact/page***
- Name of Hotel/room number/phone number***
- Cellular or pager number of staff***

All of the residents will be instructed, should they get separated, to stay in the general area they were in when the incident occurred and to seek help from the closest passerby by showing their identification.

Totals		
---------------	--	--

Approved By:

Program Coordinator: _____

Program Director: _____

Executive Director: _____

Complete at Departure/ Check Off when Verified for Each Individual

Individuals Participating							
Hotel Room #							
Staff Responsible							
Hotel Room #							
Guardian Approval							
Medications							
Special Medical Conditions							
Recent Physical							
Recent LTM							
Insurance Card							
First Aid Kit							
Identification							
Recent Photo							
Tickets							
Map/Directions							
Sun Block							
Phone Card/Cell							

<i>Phone</i>							
<i>Emergency Phone Numbers</i>							
<i>Funds/Charge Card</i>							
<i>Staff Drivers license and KCR/KIL Identification</i>							