



Prescott College

For the Liberal Arts, the Environment, and Social Responsibility

OFF Campus ITINERARY FORM

I. Course Information

Course Name: _____ Term: _____
Program/Department: _____ Destination & Route: _____
Main Phone Number for Course in case of Emergency: _____
SAT Phone Number: _____ IN REACH: _____
Departure: _____ Return: _____

II. Instructor Information

Instructor Name: _____ Cell #: _____
Emergency Contact Name: _____ Relationship to you: _____
Emergency Contact #: _____

Instructor Name: _____ Cell #: _____
Emergency Contact Name: _____ Relationship to you: _____
Emergency Contact #: _____

Include all other Emergency Information we can use to contact you (ex., location of van, any other emergency contact numbers, etc.; include *complete* phone numbers for international contacts).

Instructions:

Recons and other college business using PC vehicles *but not transporting students* should complete sections I and III only with information as appropriate to activity.

PLEASE ATTACH AN OVERVIEW MAP OF YOUR ITINERARY TO THIS FORM. THE MAP SHOULD INCLUDE INTENDED CAMPSITES AND TRAILHEADS, PUT-INS, AND/OR TAKEOUTS.

- Complete this form and submit to Field Operations prior to departure.
- For extended field trips, indicate a check-in date when we can expect a call or email from you.
- Be sure you have a medical form for each student prior to departing on any field trip. Contact the Registrar's Office if you have not received them via e-mail at the start of your class.

III. Student/Participant Information

1. Name: _____
Cell #: _____
Emergency Contact Name: _____
Relationship to you: _____
Emergency Contact #: _____

2. Name: _____
Cell #: _____
Emergency Contact Name: _____
Relationship to you: _____
Emergency Contact #: _____

3. Name: _____
Cell #: _____
Emergency Contact Name: _____
Relationship to you: _____
Emergency Contact #: _____

4. Name: _____
Cell #: _____
Emergency Contact Name: _____
Relationship to you: _____
Emergency Contact #: _____

5. Name: _____
Cell #: _____
Emergency Contact Name: _____
Relationship to you: _____
Emergency Contact #: _____

6. Name: _____
Cell #: _____
Emergency Contact Name: _____
Relationship to you: _____
Emergency Contact #: _____

7. Name: _____
Cell #: _____
Emergency Contact Name: _____
Relationship to you: _____
Emergency Contact #: _____

8. Name: _____
Cell #: _____
Emergency Contact Name: _____
Relationship to you: _____
Emergency Contact #: _____

9. Name: _____
Cell #: _____
Emergency Contact Name: _____
Relationship to you: _____
Emergency Contact #: _____

10. Name: _____
Cell #: _____
Emergency Contact Name: _____
Relationship to you: _____
Emergency Contact #: _____

11. Name: _____
Cell #: _____
Emergency Contact Name: _____
Relationship to you: _____
Emergency Contact #: _____

12. Name: _____
Cell #: _____
Emergency Contact Name: _____
Relationship to you: _____
Emergency Contact #: _____

13. Name: _____
Cell #: _____
Emergency Contact Name: _____
Relationship to you: _____
Emergency Contact #: _____

14. Name: _____
Cell #: _____
Emergency Contact Name: _____
Relationship to you: _____
Emergency Contact #: _____

15. Name: _____
Cell #: _____
Emergency Contact Name: _____
Relationship to you: _____
Emergency Contact #: _____

16. Name: _____
Cell #: _____
Emergency Contact Name: _____
Relationship to you: _____
Emergency Contact #: _____

17. Name: _____
Cell #: _____
Emergency Contact Name: _____
Relationship to you: _____
Emergency Contact #: _____

18. Name: _____
Cell #: _____
Emergency Contact Name: _____
Relationship to you: _____
Emergency Contact #: _____

IV. Course Projected Itinerary Form

Course Area(s):

Course Area Emergency Dispatch Numbers:

Entity	Number

Course Area Hospital Clinic Numbers:

Entity	Number

[illegible]

[illegible]