

# ICS Form 206

<b>MEDICAL PLAN</b>	1. Incident Name	2. Date Prepared	3. Time Prepared	4. Operational Period				
<b>5. Incident Medical Aid Station</b>								
Medical Aid Stations	Location	Paramedics Yes      No						
<b>6. Transportation</b>								
A. Ambulance Services								
Name	Address	Phone	Paramedics Yes      No					
B. Incident Ambulances								
Name	Location	Paramedics Yes      No						
<b>7. Hospitals</b>								
Name	Address	Travel Time Air      Grnd.		Phone	Helipad Yes      No		Burn Center Yes      No	
<b>8. Emergency Medical Procedures</b>								
Prepared by					Reviewed by (safety officer)			

