

Appendix D

Making Tracks: Walking Safety “Program at a Glance” Form

To be completed by the MAKING TRACKS LEADER

Making Tracks: Walking Safety

Making Tracks Leader:

Location:

Session Dates:

Drop-off Time:

Pick-up Time:

Emergency Procedures:

First Aiders:

Crew Leaders:

NAME	CONTACT NUMBER

Participants:

NAME	PICK-UP NAME	EMERGENCY PHONE NUMBER

NAME	PICK-UP NAME	EMERGENCY PHONE NUMBER

Training and Planning Sessions:

- 1.
- 2.

Safety Checks:

TYPE	FIRST DATE COMPLETED	SECOND DATE COMPLETED
Materials		
Safety Plan Updated		
First Aid Kit		
Program Route		
Medical Forms		

Emergency Contact Person and Phone Number: