EMERGENCY “RUNNER” CARD

DATE: ____________  

1. Send Runner if:  
a) _____ Medical attention is required and/or  
b) _____ Evacuation is required  

2. Completely fill out the backside of this card prior to sending Runner for help  

3. Runner must CALL 911 or local Sheriff’s office and obtain the necessary emergency services  

4. Call Friends staff – Outreach Manager or Outdoor Programs Coordinator  

In Case of EMERGENCY  

CALL 911

SHERIFF DEPARTMENTS

STATE OF OREGON  
Hood River County  541-386-3970  
Multnomah County  503-255-3600  
Wasco County  541-506-2580  

STATE OF WASHINGTON  
Clark County  360-397-2211  
Klickitat County  509-773-4545  
Skamania county  509-427-9490

FRIENDS OF THE COLUMBIA GORGE  
Maegan Jossy, Outreach Manager  503-887-0882  
Kate Lindberg, Outdoor Programs Coordinator  203-644-2775
*Fill out the below information before sending Runner for help*

Victim’s name: ______________________________  Victim’s Home # ______________________________

List any medical conditions of the victim that emergency personnel should be aware of:

Victim’s Emergency Contact (name/phone): ______________________________

Victim’s Age: __________  Weight: __________  Prescriptions: ______________________________

Possible Injuries ______________________________
Symptoms exhibited by Victim (heart rate, pupil dilation, clammy skin, consciousness level)

First Aid given? Explain: ______________________________

No. of Trained First Aiders on Scene: __________, and physicians/nurses? __________

Type of terrain where Victim is located: ______________________________
Distance of scene from main road or side roads: ______________________________
Any area available for helicopter lander? (flat, open area) ______________________________
Any special equipment or manpower needed? If so, what type? ______________________________

Information for Outreach Department: Will remaining hikers be returning on time? __________

*Fill out the below information before sending Runner for help*

Victim’s name: ______________________________  Victim’s Home # ______________________________

List any medical conditions of the victim that emergency personnel should be aware of:

Victim’s Emergency Contact (name/phone): ______________________________

Victim’s Age: __________  Weight: __________  Prescriptions: ______________________________

Possible Injuries ______________________________
Symptoms exhibited by Victim (heart rate, pupil dilation, clammy skin, consciousness level)

First Aid given? Explain: ______________________________

No. of Trained First Aiders on Scene: __________, and physicians/nurses? __________

Type of terrain where Victim is located: ______________________________
Distance of scene from main road or side roads: ______________________________
Any area available for helicopter lander? (flat, open area) ______________________________
Any special equipment or manpower needed? If so, what type? ______________________________

Information for Outreach Department: Will remaining hikers be returning on time? __________