

# Emergency Information Form

## Important Emergency Names and Phone Numbers

Medical Department: \_\_\_\_\_

Hospital: \_\_\_\_\_

Paramedic: \_\_\_\_\_

Police: \_\_\_\_\_

Fire Department: \_\_\_\_\_

Poison Control Center: \_\_\_\_\_

## First Aid Trained Employees

1. Name: \_\_\_\_\_

2. Department: \_\_\_\_\_ Phone Number: \_\_\_\_\_

3. Name: \_\_\_\_\_

4. Department: \_\_\_\_\_ Phone Number: \_\_\_\_\_

5. Name: \_\_\_\_\_

6. Department: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## First Aid Kit Location

1. Department: \_\_\_\_\_

2. Location: \_\_\_\_\_

3. Department: \_\_\_\_\_

4. Location: \_\_\_\_\_

5. Department: \_\_\_\_\_

6. Location: \_\_\_\_\_

## **In Case of an Emergency**

1. Call for help immediately.
2. Aid the victim.
3. Do not move the victim.
4. Administer first aid as needed.
5. Check the victim's breathing.
6. Do not give any medication without medical authorization.
7. Wait for medical assistance.

*Post this list at every phone in your work facility*