

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