EMERGENCY PROCEDURES

LOCATION OF:

FIRST AID SUPPLIES  ACCIDENT REPORT FORMS  CHILD REGISTRATION AND EMERGENCY INFO. FORMS

EMERGENCY TELEPHONE NUMBERS:

POLICE: ____________________________________________  AMBULANCE/RESCUE SQUAD: ___________________________________

FIRE: ____________________________________________  POISON CONTROL CENTER: 1-800-222-1222

HOSPITAL: _________________________________________

HOSPITAL NAME AND ADDRESS: ________________________________

DIRECTIONS TO HOSPITAL: _______________________________________

THE FOLLOWING INFORMATION IS NEEDED WHEN CALLING EMERGENCY SERVICES:

PROGRAM NAME: _______________________________________

ADDRESS: _______________________________________________

PHONE #: ______________________________________________

ADDRESS OF, AND DIRECTIONS TO CHILD CARE PROGRAM: _______________________________________

DESCRIBE THE EMERGENCY OR INJURY: _______________________________________

IDENTIFY THE CHILD/CHILDREN INVOLVED: _______________________________________

NEVER HANG UP THE PHONE UNTIL THE PERSON YOU CALLED HAS HUNG UP!

EMERGENCY SUBSTITUTE STAFF

NAME: __________________________________ PHONE NUMBER: _______________________

NAME: __________________________________ PHONE NUMBER: _______________________

If the emergency results in inadequate staff to child ratios, call in emergency substitute staff.

PROCEDURES FOR RECORDING ACCIDENTS AND INJURIES:

Child care personnel MUST, on the date of the injury, inform parents of ANY injuries to their child, that require first aid treatment. Child care personnel MUST complete an ACCIDENT REPORT FORM for any injury more than a minor scrape or bruise.