



Educator Name: _____

EMERGENCY PROCEDURES

1. Obtain emergency medical assistance as required
(Call **911** if necessary)
2. Administer First Aid
3. Immediately notify parent or emergency contact
4. Notify the Agency
5. Complete Incident Report

Closest Hospital:

Hospital: _____

Address: _____ Phone: _____

Description of Emergency Evacuation Plan including meeting area outside:

Muster Point: _____

IN AN EMERGENCY, CHILDREN WILL BE EVACUATED TO THE FOLLOWING PREMISES:

Name: _____ Phone #: _____

Address: _____