

School/Organization:

Date:

Children's emergency medical plan (complete prior to activity/event)

1. The closest working phone is located: _____
(location)

2. Keys to access phone are: _____
(location)

3. 911 is/is not (circle one) available to us. The alternate number to call is _____ which will contact _____
(number) *(name)*

4. The exact address of the activity site is: _____

(street address, city, state, zip)

The major cross streets are _____ and _____
(street) *(street)*
which are _____ blocks away.
(number)

5. The exact entry location for the closest emergency vehicle is _____

(location)

6. The distance from emergency vehicle station to activity site is _____
(distance)
and normal response time is _____
(location)

7. To access the activity area, emergency personnel must pass through _____ exterior gate(s) and _____ door(s). Keys to unlock these
(number) *(number)*
passageways will be at the activity site in the possession _____
(name)

8. The designated health care provider/first aid rider for the activity is _____ who is a _____
(name) *(title)*

9. The closest emergency care facility is _____
(name)
which is _____ from the activity site. Normal travel time is _____
(distance) *(minutes)*