

## CENTER EMERGENCY MEDICAL CARE PLAN

1. Emergency information on staff and children is kept: \_\_\_\_\_  
\_\_\_\_\_
  2. Medical Consultant: Name \_\_\_\_\_  
Phone Number \_\_\_\_\_
  3. Emergency Room: Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ Location \_\_\_\_\_  
  
Hospital: Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ Location \_\_\_\_\_
  4. Poison Control: **Carolinas Poison Center 1-800-222-1222**
- Available emergency transportation:
- |                    |                    |
|--------------------|--------------------|
| Name _____         | Phone Number _____ |
| Name _____         | Phone Number _____ |
| Rescue Squad _____ | Phone Number _____ |
5. Persons in center responsible for giving first aid: \_\_\_\_\_  
Names \_\_\_\_\_
  6. Persons in center responsible for performing CPR: \_\_\_\_\_  
Names \_\_\_\_\_
  7. Persons responsible for determining the degree of care needed, contacting medical resource and determining appropriate transportation:  
Name \_\_\_\_\_  
Name \_\_\_\_\_
  8. Persons in center responsible for accompanying the ill/injured person for medical attention and assuring that signed authorization is taken with person to emergency room:  
Name \_\_\_\_\_  
Name \_\_\_\_\_
  9. Persons responsible for notification of parents or emergency contact of illness/accident:  
Name \_\_\_\_\_  
Name \_\_\_\_\_
  10. Person responsible for obtaining substitute staff:  
Name \_\_\_\_\_  
Name \_\_\_\_\_
  11. Location of telephones: \_\_\_\_\_

**IT IS RECOMMENDED THAT THIS BE POSTED IN A PROMINENT PLACE IN THE FACILITY.**