

# EMERGENCY MEDICAL CARE PLAN

1. Emergency information on children is kept: \_\_\_\_\_  
Emergency information on staff is kept: \_\_\_\_\_
2. Medical Consultant: Name \_\_\_\_\_  
Address (physical street address, city and zip code) \_\_\_\_\_  
Phone Number \_\_\_\_\_
3. Emergency Room: Name \_\_\_\_\_  
Address (physical street address, city and zip code) \_\_\_\_\_  
Phone Number \_\_\_\_\_  
  
Hospital: Name \_\_\_\_\_  
Address (physical street address, city, and zip code) \_\_\_\_\_  
Phone Number \_\_\_\_\_
4. Poison Control: **Carolinas Poison Center 1-800-222-1222**
5. Available emergency transportation:  
Name \_\_\_\_\_ Means of transportation \_\_\_\_\_ Phone Number \_\_\_\_\_  
Name \_\_\_\_\_ Means of transportation \_\_\_\_\_ Phone Number \_\_\_\_\_  
Rescue Squad \_\_\_\_\_ Phone Number: **911**
6. Persons in center responsible for determining the degree of care needed:  
Name \_\_\_\_\_ Alternate Name: \_\_\_\_\_
7. Persons in center responsible for giving first aid:  
Name: \_\_\_\_\_ Alternate Name: \_\_\_\_\_
8. Persons in center responsible for performing CPR:  
Name: \_\_\_\_\_ Alternate Name: \_\_\_\_\_
9. Persons in center responsible for contacting medical resource:  
Name \_\_\_\_\_ Alternate Name: \_\_\_\_\_
10. Persons in center responsible for determining appropriate transportation:  
Name \_\_\_\_\_ Alternate Name: \_\_\_\_\_
11. Persons in center responsible for accompanying the ill/injured person for medical attention and assuring that signed authorization is taken with person to the medical facility:  
Name \_\_\_\_\_ Alternate Name: \_\_\_\_\_
12. Persons in center responsible for notifying the medical facility about the ill/injured child being transported for treatment:  
Name \_\_\_\_\_ Alternate Name: \_\_\_\_\_
13. Persons in center responsible for notification of parents or emergency contact of illness/accident:  
Name \_\_\_\_\_ Alternate Name: \_\_\_\_\_
14. Persons in center responsible for obtaining substitute staff:  
Name \_\_\_\_\_ Alternate Name: \_\_\_\_\_
15. Location of telephones: \_\_\_\_\_

**POST IN SEVERAL LOCATIONS AT THE FACILITY THAT ARE EASILY ACCESSIBLE TO STAFF AND PARENTS**