

# SCHOOL MEDICAL EMERGENCY INFORMATION

School Year \_\_\_\_\_

LOCATION OF EMERGENCY EQUIPMENT AND SUPPLIES:

FIRST AID KIT(S): \_\_\_\_\_  
(Location)

FIRST AID SUPPLIES AND EQUIPMENT: \_\_\_\_\_

GUIDE FOR SCHOOL HEALTH EMERGENCIES: \_\_\_\_\_  
(Location)

AUTOMATIC EXTERNAL DEFIBRILLATOR (AED): \_\_\_\_\_  
(Location)

CPR (Cardiopulmonary Resuscitation) PROVIDERS and Contact Method/Phone Number:

- 1.
- 2.
- 3.
- 4.
- 5.

FIRST AID PROVIDERS and Contact Method/Phone Number:

- 1.
- 2.
- 3.
- 4.
- 5.