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