DFS -0365DC
10NCAC 3U.0802(a)
G. S. 110-91(1)(2)(9)
REV 8/92

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. 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.