SCHOOL MEDICAL EMERGENCY INFORMATION

Location of School Health Clinic: _____School Year: _____

LOCATION OF EMERGENCY EQUIPMENT AND SUPPLIES:

FIRST AID BAG: _____

FIRST AID SUPPLIES: _____

GUIDE FOR SCHOOL HEALTH EMERGENCIES: _____

LOCATION OF AUTOMATIC EXTERNAL DEFIBRILLATOR (S) (AED):

CPR PROVIDERS	CONTACT METHOD/PHONE NUMBER
Health Technician	
District Staff	
District Staff	
RN Supervisor (on campus one day a week)	
Other	

FIRST AID PROVIDERS	CONTACT METHOD/PHONE NUMBER
Health Technician	
District Staff	
District Staff	
RN Supervisor (on campus one day a week)	
Other	

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