**Form 1**

**Contacting Emergency Services**

CORPORATE HEALTH & SAFETY | VERSION 4.05 | June 2023

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| --- | --- |
| 1. Your telephone number
 |  |
| 1. Location
 |  |
| 1. Post Code
 |  |
| 1. Exact location in the school/site/setting
 |  |
| 1. Your Name
 |  |
| 1. The child’s name and a brief description of the child’s symptoms
 |  |
| 1. Details of any medicine given or prescribed
 |  |
| 1. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to scene of incident/injured person
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**Notes:**

1. Speak clearly and slowly and be ready to repeat information if asked
2. Put a completed copy of this form by the telephone.