**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 |  |

**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.