

Emergency Procedures for Day Camps

Day Camp Name: _____ Day Camp Director: _____

Camp Phone: _____ Date of Day Camp: _____

1. The Day Camp Health Supervisor is:

Name: _____ Phone #: _____

Current certifications (check all that apply and attach copies of certifications):

- | | |
|--|--|
| <input type="checkbox"/> First Aid/CPR | <input type="checkbox"/> LPN |
| <input type="checkbox"/> RN | <input type="checkbox"/> Wilderness First Aid |
| <input type="checkbox"/> EMT | <input type="checkbox"/> Physician's Assistant |
| <input type="checkbox"/> Physician | |

2. Local emergency health facilities: (List and notify **all** hospitals *likely* to receive a day camp medical emergency.)

1. _____
2. _____
3. _____

Detail any special instructions or requirements from the health facilities you may use:

1. _____
2. _____
3. _____

3. Please attach a map and/or brief written description of emergency evacuation procedures for your site in case of severe thunderstorm, tornado, fire or toxic spill.

Procedures should include:

- a) evacuation signals
- b) evacuation route(s) and destination(s)
- c) parent notification procedures
- d) bus company notification, when applicable

4. Designated vehicle pick up and drop off site at camp _____

5. List storm evacuation site(s) for severe thunderstorm and/or tornado warning:

