



## Classroom Emergency Plan for Accident or Illness

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Answer the questions below and implement this plan when there is an emergency accident or illness in the classroom.

Classroom Name: \_\_\_\_\_ Classroom Phone Number: \_\_\_\_\_

Classroom Address: \_\_\_\_\_

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### Where are the following items located?

- **First Aid Kit:**

\_\_\_\_\_

- **Emergency Backpack:**

\_\_\_\_\_

- **Shelter-in-Place Kit:**

\_\_\_\_\_

- **Fire Extinguisher:** \_\_\_\_\_

- **Telephone:** \_\_\_\_\_

- **Emergency Evacuation Plan:**

\_\_\_\_\_

- **Disaster Kit:** \_\_\_\_\_

- **Health Alert:** \_\_\_\_\_

- **Pick Up Alert:** \_\_\_\_\_

- **Emergency Medications/medication boxes:**

\_\_\_\_\_

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1. Who stays with the child (full name and title)?

\_\_\_\_\_

2. Who is responsible for the rest of the children (full name and title)?

\_\_\_\_\_

3. Who makes necessary phone calls (full name and title)?

\_\_\_\_\_