



WAYNE-WESTLAND COMMUNITY SCHOOL DISTRICT CHECKLIST FOR EMERGENCY CALLS PLACED

AGENCY CONTACTED (CHECK ALL THAT APPLY):

- PARAMEDICS / FIRE DEPARTMENT
- AMBULANCE
- CITY POLICE (Wayne, Westland, Canton, Inkster)

SCHOOL SITE:

DATE/ TIME OF 9-1-1 CALL:

FOR (CHECK ONE):

- Student/grade:
- Teacher
- Other Staff (Position):
- Parent

REASON (CHECK ONE):

- External Injury
- Internal Pain
- Overdose (Medication, alcohol, controlled substance, etc.)
- Non-Responsive (Stopped breathing, Seizure, Unconscious, etc.)
- Victim of Crime (Assault, traffic collision, etc.)
- Other:
Walk-through/visit by police department

CONDITION OF INJURED PARTY AT TIME OF EMAIL:

TRANSPORTED TO:

VIA:

- AMBULANCE*
- PARENT/GUARDIAN
- N/A (RELEASED TO):

*If transported by ambulance and parent not on scene, name of administrator accompanying student:

PARENT/GUARDIAN NOTIFIED BY:

TITLE:

DATE/TIME:

ADMINISTRATION OFFICE NOTIFIED BY:

DATE/TIME: