



CPR Training

Magnet of Life Senior Outreach



# TOWN OF ORANGETOWN

## CARE LINK

A Community Project to Save Lives

**Don't Delay...In An Emergency Call 911**

# Babysitter Checklist

## IMPORTANT NAMES AND NUMBERS:

- Where can you be reached / phone numbers
- Two nearby friends, relatives or neighbors
- Emergency Number – **911 (Police, Fire, EMS)**
- Poison Control Center – **1- 800 - 222 - 1222**
- Pediatrician
- Hospital

## INSTRUCTIONS:

- What your child/children are allowed to eat and drink
- Bedtime (or nap time) and how to enforce it
- Play activities your child/children enjoy
- Activities not permitted while you're gone
- How much television (and which programs) your child/children are allowed to watch
- How you want behavior problems handled
- How to use any baby equipment
- Warning not to open door to strangers
- Warning for sitter not to tell phone caller she is alone, just take a message
- Rules for sitter on use of TV, phone, computer/internet, smoking, alcohol
- What to do in case of fire or other emergency
- Show all entrances and exits, fire and burglar alarms, first aid supplies, flashlight and fuse box
- Post your address and clear directions on locating your house (in case sitter needs to provide directions to emergency services)

## EMERGENCY MEDICAL CONSENT FORM:

- Provide a signed Emergency Medical Consent form for each child that includes pertinent information about your child's current medical condition and history, medications, allergies to medications, child's age, insurance information, and other pertinent information authorizing appropriate care for your child in an emergency.





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# CHILD EMERGENCY MEDICAL INFORMATION FORM

## Consent for Emergency Medical Care and Transportation

Child's Name \_\_\_\_\_  
(Last) (First) (MI)

Address \_\_\_\_\_ Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Name of Parent/Legal Guardian \_\_\_\_\_

### IN CASE OF EMERGENCY:

PARENT/GUARDIAN can be reached at \_\_\_\_\_  
(phone numbers)

Emergency Contact Name \_\_\_\_\_

Emergency Contact Phone Numbers \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

### CHILD MEDICAL INFORMATION:

MEDICAL HISTORY \_\_\_\_\_

MEDICATIONS CHILD CURRENTLY TAKING \_\_\_\_\_  
\_\_\_\_\_ (include date/dosage info)

ALLERGIES TO MEDICATIONS \_\_\_\_\_

DATE OF LAST TETANUS BOOSTER \_\_\_\_\_ BLOOD TYPE \_\_\_\_\_

HOSPITAL PREFERENCE \_\_\_\_\_

SPECIAL NEEDS \_\_\_\_\_

INSURANCE CARRIER \_\_\_\_\_

POLICY# \_\_\_\_\_ Phone \_\_\_\_\_



# CareLink Kids / Town of Orangetown

Coordinated by the South Orangetown Ambulance Corps Training Division  
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## CHILD EMERGENCY MEDICAL CONSENT FORM

### Consent for Emergency Medical Care and Transportation

Child's Name \_\_\_\_\_  
(Last) (First) (MI)

Date of Birth \_\_\_\_\_  Male  Female

In presenting the above child for Emergency Medical treatment and transportation,

I, (Print Full Name) \_\_\_\_\_  
 Mother  Father  Legal Guardian

for (Print Child's Full Name) \_\_\_\_\_

I hereby voluntarily consent to the rendering of such care, including diagnostic procedures, medical treatment, and transportation to the nearest appropriate hospital or preferred hospital if applicable, by authorized Emergency Medical Technicians and Paramedics, as may in their professional judgement be necessary and as may be dictated or limited by applicable law, rules, regulations and protocols. We further consent to any licensed physician, dentist or hospital provide necessary emergency medical treatment to my child at the request of the person bearing this consent form who has been entrusted with caring for my (our) child.

I hereby acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment on my child's condition.

I consent that the bearer of this **CHILD Emergency Medical Consent Form** has the authority to arrange for routine or Emergency Medical / Dental Care and Treatment necessary to preserve the health of my (our) child, including transportation to the nearest appropriate hospital or preferred hospital

\_\_\_\_\_ if applicable under the circumstances.

I have read this form and I certify that I understand its contents.

PRINT NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_





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## QUICK REFERENCE GUIDE FOR EMERGENCIES IN AN EMERGENCY – CALL 911!

**Conscious Choking**

**Adult and Child**


Perform abdominal thrusts until the foreign object is expelled or the victim becomes unconscious.




**Conscious Choking**

**Infant**


Give 5 back blows (between the infant's shoulder blades using the heel of one hand).



Give 5 chest thrusts (approx. 1 per second).




Repeat back blows and chest thrusts until foreign object is expelled or until infant is unconscious.



**AMERICAN SAFETY & HEALTH INSTITUTE**

www.ashinstitute.com

**Lifesaving Emergency Skill Steps**



For training in these emergency skill steps, contact your local ASHI training center.

**1. ASSESS**

- Assess the scene for safety.
- Assess the victim for consciousness.
- If no response, go to Step 2.

**2. ALERT**

Call EMS (9-1-1 or local emergency number). If you are alone and the victim is under 8 years old, give 1 minute of care, then call EMS.

**3. ATTEND**


**A** = Open **Airway** (tilt the head and lift chin).

**B** = Check for **Breathing** (if victim is not breathing, give 2 rescue breaths).


**C** = Check for signals of **Circulation** (normal breathing, coughing, movement and pulse).

**If no signals of circulation, begin CPR**


**Adult CPR**  
2 rescue breaths      15 chest compressions



**Child CPR**  
1 rescue breath and 5 chest compressions




**Infant CPR**  
1 rescue breath and 5 chest compressions




**If there are signals of circulation and severe bleeding is occurring, CONTROL BLEEDING.**

1. Direct Pressure




Stop the leak, but do not stop circulation beyond the wound.

2. Elevate



3. Pressure Point



If severe bleeding is still occurring, use the pressure point to help control bleeding.

## You Can Make A Difference!

LEARN THESE LIFESAVING SKILLS AND HOW TO EFFECTIVELY RESPOND TO EMERGENCIES BY TAKING A **CPR COURSE AND BASIC FIRST AID**. PLEASE CONTACT YOUR LOCAL AMBULANCE CORPS FOR CLASS INFORMATION.