

Emergency Response Plan for Medical Emergencies

Date: _____

To: [Recipient Name]

From: [Your Church Name]

Dear [Recipient Name],

As part of our commitment to ensuring the safety and well-being of our congregation, we have established an Emergency Response Plan for medical emergencies that may occur within our church premises.

Emergency Contacts

In case of a medical emergency, please contact:

- Emergency Services: 911
- Designated Medical Personnel: [Name & Contact]
- Church Office: [Phone Number]

First Aid Kit Location

The First Aid Kit is located [specific location], easily accessible to all members.

Response Procedures

1. Assess the situation: Determine if immediate help is necessary.
2. Call for help: Contact emergency services if required.
3. Administer first aid as trained.
4. Notify church leadership and monitor the situation.

Training Opportunities

We encourage all church members to participate in first aid and CPR training sessions that will be held on [dates].

Thank you for your attention to this important matter. Together, we can ensure a safe environment for our congregation.

Sincerely,

[Your Name]

[Your Title]

[Your Church Name]