

Emergency Contact List for Corporate Events

Date: [Insert Date]

To: [Event Organizer's Name]

From: [Your Name]

Emergency Contact List

- **Event Coordinator:** [Name] - [Phone Number]
- **Security Contact:** [Name] - [Phone Number]
- **First Aid/Medical Contact:** [Name] - [Phone Number]
- **Local Emergency Services:** 911
- **Nearest Hospital:** [Hospital Name] - [Phone Number]

Additional Notes

Please ensure all team members are aware of this contact list and understand the procedures during an emergency scenario.

Thank you!