|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| EMERGENCY AID NOTICE | | | | | | | | | | | | |
| To be completed by the group representative responsible for or based at the property | | | | | | | | | | | | |
| Group: | | | | | Type property: | | | | | | | |
| Address: | | | | | | | | | | | | |
| Group contact name: | | | | | | | | Contact no: | | | | |
| **People to contact if someone is injured or taken ill:** | | | | | | | | | | | | |
| 1. **Contact the Emergency First Aider who is on duty:** |  | Name: | | | | | | | | | |  |
|  | Contact no: | | | | | | | | | |  |
|  | Days on duty: | | | | | | | | | |  |
|  |  | | | | | | | | | |  |
|  | Name: | | | | | | | | | |  |
|  | Contact no: | | | | | | | | | |  |
|  | Days on duty: | | | | | | | | | |  |
|  | | |  |  | | |  | | |  | | |
| 1. **If requested to do so dial** | | | | | |  | |  |  | | **to call an ambulance** | |
|  | |  |  | |
|  | |  |  | |
| 1. **Collect the first aid box and bring it to the scene of the injury or illness** | | | | | | | | | | | | |
|  |  |  | | | | | | | | | |  |
| **4. Contact if there is no Emergency First Aider:** |  | Name of the person who takes control of the emergency situation: | | | | | | | | | |  |
|  |  |
|  | Name of person who calls the emergency services: | | | | | | | | | |  |
|  | | | | | | | | | | | | |
| The MS Society will respect the personal information you provide us and don’t want to use it in a way that you won’t expect. To find out how we use and manage your personal data, our full privacy notice is at [www.mssociety.org.uk/privacy](http://www.mssociety.org.uk/privacy). You can also call our Supporter Care team on 0300 500 8084 to get a copy. | | | | | | | | | | | | |