|  |
| --- |
| 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. |