EMERGENCY

MEDICAL INFORMATION PACKET

For

_____

NAME

In an EMERGENCY

DIAL 911

1- **Name and Phone Number**
2- **Address of the Emergency**
3- **Describe the Type of Emergency**
4- **Stay on the phone until dispatcher hangs up**
5- **Have someone wait outside to direct help**

DUNN POLICE DEPARTMENT
910-892-2399

CALEA
THE GOLD STANDARD IN PUBLIC SAFETY