

EMERGENCY CONTACTS



Fire Department: 314-533-3406

Police Department: 314-444-2500

Poison Control Center: 1-800-222-1222

**Call 911 in the event of an emergency.
Then contact the certified EMT in the pit area**

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Emergency Meeting Location

Location: St.Charles, MO

Address: 209 S Kingshighway St, St.Charles, MO
63301

In the event of an emergency, LASER 3284 team members are to remain calm and meet in the parking lot in front of the main entrance. LASER members will congregate to the right of the parking lot near the X.



Emergency Contacts:

Mr. Comer: (573) ### - ####

Mrs. Comer: (573) ### - ####

Mr. Jackson: (573) ### - ####

Safety Captains:

Melissa Stout: (573) ### - ####

Maya Irvine: (573) ### - ####

Taylor McGowan: (573) #### - ####

Emergency Procedures:

Fire: In the event of a fire all participants need to locate the nearest exit and in an orderly fashion. Coaches and teams need to establish a meeting location in case of an emergency.

Tornado: In the event of a tornado all Participants need to locate to the Presentation wing of the High School. Please huddle close together and cover you head and neck with your hands. Coaches make sure all of your team members are present.

Intruder: In the event of an intruder all participants need to locate to the nearest locker room or classroom and lock all doors. Coaches make sure all of your team members are present.

Bomb Threat: In the event of a bomb threat or other emergency incidents participants are to gather at the south end of the high school at the practice football field.

All Emergency Contacts are listed below:

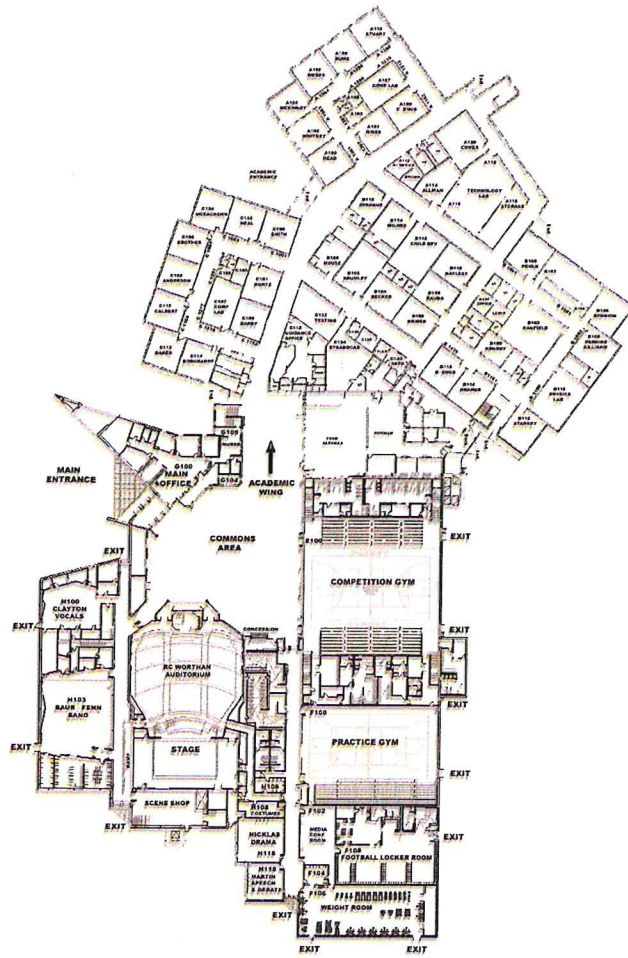
- Hospital Address: 54 Hospital Dr, Osage Beach, MO 65065
Phone: (573) 348-8000
- Police Department Address: 437 US-54, Camdenton, MO 65020
Phone: (573) 346-3604
- Poison Control
Phone: (800) 222-1222
- Fire Department Address: 184 MO-5 BUS, Camdenton, MO 65020
Phone: (573) 346-2049

Exit Maps Below:

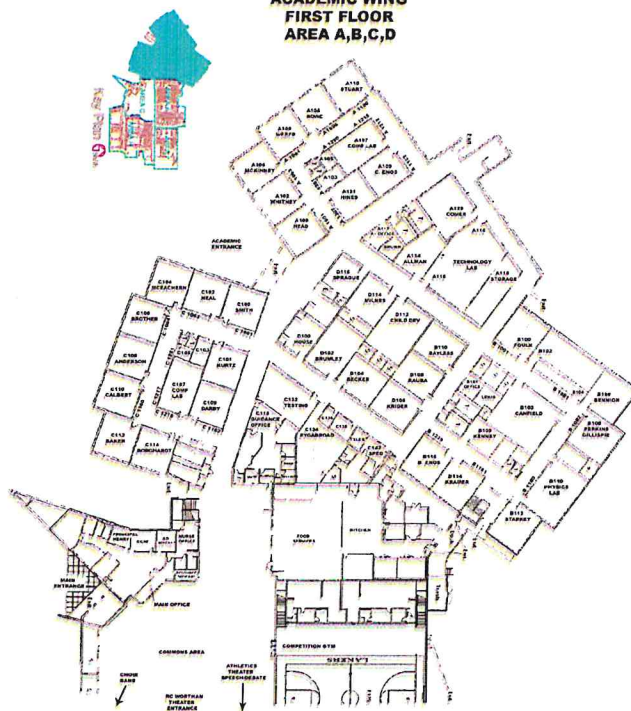
Image 1: First level Floor Plan with Labeled Exits

Image 2: Academic Wing Floor Plan with Labeled Exits

CENTRAL MISSOURI FLL CHAMPIONSHIP



ACADEMIC WING
FIRST FLOOR
AREA A,B,C,D



**CAMDENTON R-III HEALTH SERVICES
MEDICATION AUTHORIZATION**

**AUTHORIZATION FOR CAMDENTON R-III SCHOOL DISTRICT PERSONNEL
TO DISPENSE OR ADMINISTER MEDICATION.**

PLEASE PRINT

STUDENT NAME: _____

MEDICATION(S) &
DOSAGE(S): _____

TIME TO BE DISPENSED: _____

REASON FOR MEDICATION: _____

PHYSICIAN SIGNATURE: (Required if medication is not in a prescription container
appropriately labeled by the pharmacy or physician)

DATE

PARENT/GUARDIAN
SIGNATURE:

DATE