

Name \_\_\_\_\_

Date \_\_\_\_\_

## Emergency or Not?

**Directions:** Read each situation. Check Emergency or Not an Emergency.



Situation	Emergency	Not an Emergency
You see smoke and flames in the kitchen.	<input type="checkbox"/>	<input type="checkbox"/>
You cannot find your blue socks.	<input type="checkbox"/>	<input type="checkbox"/>
Someone is badly hurt and cannot get up.	<input type="checkbox"/>	<input type="checkbox"/>
Your TV remote needs new batteries.	<input type="checkbox"/>	<input type="checkbox"/>
You smell gas in the home.	<input type="checkbox"/>	<input type="checkbox"/>
You want to ask what time lunch starts.	<input type="checkbox"/>	<input type="checkbox"/>

A trusted person I can ask for help is:

\_\_\_\_\_