

# PEDIATRIC READINESS RECOGNITION PROGRAM

## EMS OUTREACH LOG

AGENCY NAME

Date Range \_\_\_\_\_ Class \_\_\_\_\_ Hours \_\_\_\_\_

Date	Activity Name	Location	Description of Event

Agency PECC Name: \_\_\_\_\_ Signature: \_\_\_\_\_

My signature verifies that the Outreach Activities documented in this report are accurate and true.

