

Name: _____

Date: _____

Safety

K T F P M D U J D X W D D J B S U
S C E E R E S C U E Y T X H E S M
T B O I Y R M D O O L B T G L O Q
A X E O R Z M D D H R Q D R R V E
X M M T E M Y B H D A S R Y U V X
Y V E P V G V S C U J X D C R H I
N B R H O R C H S E K N W E M J I
W C G Y C L P L C E B W S D N T R
V H E R E V R C Y C N B L O O C S
C Z N F R N P J Y Y O L L I H R D
D L C N P L A C I D E M L Q X M I
T O Y S V W F Z C A A W Z I A A A
R F A S T A C T I N G J H B B O T
A G Q K Q G T N E D I C C A U R S
M W N R G G W L W Q N L Z P V F R
A F S G N O I T A U T I S A X C I
N E K A F W G R G H W G U C M W F

Fast Acting	Situation	Emergency	First Aid
Recovery	Accident	Observe	Medical
Illness	Rescue	Blood	Trama
Hurt	CPR		