**INFORME DE ATENCIÓN EN EMERGENCIA**

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| **Fecha de Realización:** | Día/ Mes/ Año | **Hora:** | 24:00 horas |

Lugar de la emergencia: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I. Descripción de la Emergencia (Hechos)

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II. Situación Encontrada:

(Albergue, Alimentación, Nutrición, Agua, saneamiento, higiene, Salud, Seguridad, Educación, Logística, Coordinación entidades entre otros)

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III. Población Afectada:

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IV. Acciones Realizadas por el ICBF

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V. Recomendaciones y Sugerencias.

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Elaborado Por:

Nombre: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Profesión:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Firma:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_