

EMERGENCY ACTION PLAN

Team _____ Season _____

Head Coach _____ Phone _____

Ass't Coach 1 _____ Phone _____

Ass't Coach 2 _____ Phone _____

Ass't Coach 3 _____ Phone _____

Practice Site Address _____

Alternate Practice Site Address _____

Home Game Site Address _____

Emergency Care Facility _____

The following information is to be filled out for proper quick appropriate action:

Who will give primary care to the athlete? _____

Who will call EMS? _____

Who will manage the rest of the team while care is given? _____

Who keeps the first aid kit? _____

Who keeps the Player Emergency Information Sheets? _____

Who will notify parents? _____

Where should EMS come to have quick access to injured athlete? _____

Who will open gates/doors for EMS? _____

Who will meet/direct EMS to athlete? _____

Who will travel with injured athlete? _____

Who will follow-up with parents? _____

Who will document the injury? _____

Who will speak to the parent in the instance of catastrophic injury? _____

In the area below, list all persons associated with your team that is certified and will provide CPR/AED care if necessary: