

ATHLETICS: "EMERGENCY ACTION PLAN"

Team: _____ Coach: _____
2014-2015 Sport Season Coach's Cell Phone: _____

1. Each coach must complete all requested data within the first two days of official practice start.
2. An Emergency Action Plan PRACTICE must be completed within the first week of each practice season (*see notes at bottom of this page*).
3. One copy of this completed page must be on file in the High School athletic office within seven days of the first official start date of practice.
4. Additional copies of this data should be provided to each coaching staff member, designated first-aid responder and the athletic trainer.

Practice site and official address:

Specific directions to practice/home site from nearest major intersection:

Where should EMS come to have quick access to the injured athlete:

Who is to provide primary care to the athlete: _____

Where is the First-Aid kit located:

Where is the AED located from your area:

Where are the Emergency Medical Information forms:

Who calls EMS:

Where is the phone from which to call EMS: _____

Who notifies the parent(s) that athlete is being transported:

Who notifies the trainer and athletic director:

Who manages the remainder of contest/practice:

Who opens doors/gates for EMS:

Who travels with injured athlete:

Who does follow-up with parent:

Who documents the injury:

Where is the closest weather shelter:

Who has keys/access to weather shelter:

Who performs daily safety check of field/court
area: _____

Date of "Emergency Action Plan" Practice:

Verified by: _____

Date: _____

