



# EMERGENCY ACTION PLAN

<b>Name of Site:</b>			
<b>Exact Address:</b>			
<b>City</b>		<b>Phone Number:</b>	<b>(Area Code)</b>

Location of closest working telephone	_____	IF locked, keys to Telephone are located:	_____
Is 911 Service Available?	YES NO	Alternate Emergency Response Number if NO:	_____
Entry location for Emergency Vehicle:	_____		
Normal Response Time for Emergency Vehicle is:	_____		
Location of AED:	_____		
Designated Health Care Provider for this tournament game is:	_____	Contact Number:	_____
Closest Health Care Facility:	_____	Travel Time:	_____
Closest Trauma Facility:	_____	Travel Time	_____

Name of Designated Person	Role
	Attends to injured athlete(s) or spectator(s) and controls immediate scene.
	Telephones 911 or other pre-determined emergency number, maintains procedures for calling 911.
	Supervises team and/or other athletes
	Meets medical personnel at gate and guides them to injured person(s), maintains all necessary keys to critical entry points
	Calls Parents/Guardians/School Personnel if necessary
	Accompanies injured person(s) to hospital
	Telephones security