



## Emergency Action Plan

| Emergency Services              | Phone Numbers |
|---------------------------------|---------------|
| <b>Ambulance</b>                |               |
| <b>Fire</b>                     |               |
| <b>Police</b>                   |               |
| <b>Charge Person (1):</b>       |               |
| <b>Alternate Charge Person:</b> |               |
| <b>Call Person (1):</b>         |               |
| <b>Alternate Call Person:</b>   |               |
| <b>Club Manager:</b>            |               |

### Facility Information

|   |          |
|---|----------|
| <b>Name of Facility</b>   |          |
| <b>Location of Facility</b>   | 1.       |
| <b>Phones:</b>  | 2.       |
|   | 3.       |
| <b>Facility Phone Numbers:</b>  | Line 1:  |
|   | Line 2:  |
|   | Other:   |
| <b>Facility Address:</b>  | Address: |
|   | City:    |
| <b>Description of Building from Road:</b>                             |          |
| <b>Directions to Facility:<br/>(From North, South, East and West)</b> |          |
| <b>Description of Emergency Entrance:</b>                             |          |
| <b>Directions to Emergency Entrance from Driveway:</b>                |          |



## Emergency Action Plan Continued...

### Medical Assistance Information

|  |                                     |
|--|-------------------------------------|
| <b>Location of Facility<br/>First Aid Kit:</b><br>(Indicate Description)   |                                     |
| <b>Location of Athlete<br/>Medical Profiles:</b><br>(Indicate Description) |                                     |
| <b>Location of Nearest<br/>Hospital:</b>                                   | Address:<br><br>City:<br><br>Phone: |
| <b>Directions to<br/>Hospital from<br/>Facility:</b>                       |                                     |

**Insert Map of Facility:**

**Other:**

**Date Completed:** \_\_\_\_\_

**Coach Signature:** \_\_\_\_\_