

LAKE ATHLETICS: "EMERGENCY ACTION PLAN"

Team: _____ Coach: _____

2013-2014 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 Lake 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: _____