

## Emergency Action Plan Checklist

Access to telephones	<ul style="list-style-type: none"><li><input type="checkbox"/> cell phone, battery well charged</li><li><input type="checkbox"/> Training venues</li><li><input type="checkbox"/> Home venues</li><li><input type="checkbox"/> List of emergency phone numbers (home competitions)</li><li><input type="checkbox"/> List of emergency phone numbers (away competitions)</li><li><input type="checkbox"/> Change available to make phone calls from a pay phone</li></ul>
Directions to access the site	<ul style="list-style-type: none"><li><input type="checkbox"/> Accurate directions to the site (practice)</li><li><input type="checkbox"/> Accurate directions to the site (home competitions)</li><li><input type="checkbox"/> Accurate directions to the site (away competitions)</li></ul>
Participant information	<ul style="list-style-type: none"><li><input type="checkbox"/> Player Emergency Medical Cards</li></ul>
Personnel Information	<ul style="list-style-type: none"><li><input type="checkbox"/> The person in charge is identified</li><li><input type="checkbox"/> The call person is identified</li><li><input type="checkbox"/> Alternates (charge and call persons) are identified</li></ul>

# EMERGENCY ACTION PLAN

TEAM:	
SITE:	
CHARGE PERSON:	
ALTERNATE:	
CALL PERSON:	
ALTERNATE:	

## KEY PHONE NUMBERS

LOCATION OF PHONES:

PHONE NUMBERS:

DETAILS OF LOCATION:

\*tape a quarter to the back of this card

**When you call emergency services:**

State:

1. Your name
2. "There has been a suspected (type of injury) at (location).
3. Please send an ambulance to the (location). I will meet the ambulance there."
4. Ask the projected time of arrival.
5. Give them your phone number if possible.