



EMERGENCY ACTION PLAN

Association / Park: _____

Team / Division: _____

SEASON YEAR: _____

Practice Site: _____

Address: _____

Head Coach: Name: _____ Phone: _____

Asst. Coach: Name: _____ Phone: _____

Asst. Coach: Name: _____ Phone: _____

Asst. Coach: Name: _____ Phone: _____

Asst. Coach: Name: _____ Phone: _____

CPR Certificate Staff: Name: _____ Phone: _____

Team Manager: Name: _____ Phone: _____

Team Parent: Name: _____ Phone: _____

Football Commissioner: Name: _____ Phone: _____

Cheer Commissioner: Name: _____ Phone: _____

- Injury occurs: Head Coach will log date, time, and location.
 - An Asst. Coach will notify commissioner immediately
- Designated Asst. Coach will move all players and/or Jr. Coaches to a designated safe zone & are to remain completely quiet.
- Head coach or designated adult staff to evaluate injury and remain with injured player/participant
- Head coach or designated adult staff will call for emergency assistance/ambulance
- Designated person(s) will go to the front of park to direct the ambulance/emergency vehicle.
- Team Parent will call parents by use of Emergency contact
- Head Coach and/or designated adult staff to accompany player/participant to the hospital until parents arrive.

Date Practiced: _____

This emergency action plan (EAP) has been discussed with all players and staff