Emergency Action Plan

**Emergency Phone Number:** **9-1-1 for all emergencies**

**Head Coach** - [enter name]: **(xxx) xxx-xxxx**

**Assistant Coach** - [enter name]: **(xxx) xxx-xxxx**

**Assistant Coach** - [enter name]: **(xxx) xxx-xxxx**

**Manager** - [enter name]: **(xxx) xxx-xxxx**

**First Aid Kit(s) Location: [Team bag] Kit items last checked:** [dd/mm/yyyy]
 **SAMBA Clubhouse (Kitchen)**

**AED Location: SAMBA Clubhouse (On Wall By Office)**

**Address of Home Facility:** **Legion Memorial Ball Park
[name] Diamond - [direction] of Clubhouse**

215 Sturgeon Road, St. Albert, Alberta, T8N 1N3

**Address of Nearest Hospital:** **Sturgeon Community Hospital - Ph: (780) 418-8200**

201 Boudreau Road, St. Albert, Alberta, T8N 6C4

**Charge Person (1st Option):** **[enter name]** (Head Coach) \*\*\*

**Charge Person (2nd Option):** **[enter name]** (Assistant Coach)

**Charge Person (3rd Option):** **[enter name]** (Assistant Coach)

**Call Person (1st Option):** Parent (Cell: ) \*\*\*

**Call Person (2nd Option):** Parent (Cell: )

**Call Person (3rd Option):** Parent (Cell: )

\*\*\* Person(s) with Certified First Aid and/or Qualified Medical Professionals

**Player Contact and Medical Profile**

|  |  |  |  |
| --- | --- | --- | --- |
| **Player Name** | **Emergency Contact** | **Phone Numbers** | **Medical Profile** |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Directions to N**earest Hospital** from Legion Memorial Ballpark:

**Sturgeon Community Hospital - 201 Boudreau Rd, St. Albert, AB. (780) 418-8200**

****