

EMERGENCY ACTION PLAN

Name of organization: _____

Name of facility: _____

Address of facility: _____

Main intersection nearest facility: _____

Directions to access facility: _____

Nearest Hospital: _____

Directions to Hospital from facility: _____

Access to telephones

Cell phone, battery well charged: # _____ phone location: _____

Facility phone number: _____ phone location: _____

Change available to make phone calls if necessary

Emergency phone number: **9-1-1** or: _____

Participant information

Emergency information form for each participant (athletes and coaches)

Competition Waiver forms for each participant (athletes and coaches)

Personnel information

Facil. Supervisor

name _____ phone _____

Other Responsible

name _____ phone _____

Club Head Coach

name _____ phone _____

Assistant coach(es):

_____ name _____ phone _____

_____ name _____ phone _____