



Emergency Action Plan

Contact Information

Attach the medical profile for each participant and for all members of the coaching staff, as well as sufficient change to make several phone calls if necessary. The EAP should be printed two-sided, on a single sheet of paper.

Emergency phone numbers: 9-1-1 for all emergencies

Cell phone number of coach: _____

Cell phone number of assistant coach: _____

Phone number of home facility: _____

Address of home facility: _____

Address of nearest hospital: _____

Charge person (1st option): _____ (coach)

Charge person (2nd option): _____ (assistant coach)

Charge person (3rd option): _____ (parent, nurse, usually on site)

Call person (1st option): _____ (parent, cell) _____

Call person (2nd option): _____ (parent, cell) _____

Call person (3rd option): _____ (parent, cell) _____

Directions to Hospital from Arena:
