**Attach allergy/medical and emergency contact information for team members and coaching staff.**

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| Emergency Numbers: | 9-1-1 (if available in your community) |
| Coach Information: | **Head Coach:**  **Cell:**   | **Assistant Coach:**  **Cell:**   |
| Home Facility: | **Tel:**  **Address:**   **Nearest Major Intersection:**   | Map:  |
| Nearest Hospital: | **Tel:**  **Address:**    | Map:  |
| On-site Charge Person(s)* Clear the risk of further harm to the injured person by securing the area and shelter the injured person from the elements
* Designate who is in charge of the other participants
* Protect yourself (wears gloves if he/she is in contact with body fluids such as blood)
* Assess ABCs (checks that airway is clear, breathing is present, a pulse is present, and there is no major bleeding)
* Wait by the injured person until EMS arrives and the injured person is transported
* Fill in an accident report form
 | **Option 1:****Option 2:****Option 3:** |
| On-site Call Person(s)* Call for emergency help
* Provide all necessary information to dispatch (e.g. facility location, nature of injury, what, if any, first aid has been done)
* Clear any traffic from the entrance/access road before ambulance arrives
* Wait by the driveway entrance to the facility to direct the ambulance when it arrives
* Call the emergency contact person listed on the injured person’s medical profile
 | **Option 1:****Option 2:****Option 3:** |