**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:** |