

FOOTBALL GAME DAY EMERGENCY ACTION PLAN

Date: _____

Visiting Team: _____

Location: (name of field and address)

Ambulance Access: (list directions or address for the ambulance)

Emergency Phone Numbers

Ambulance/Fire/Police- 911

Nearest Hospital: (give address and phone number)

Alternate Hospital: (give address and phone number)

Taxi:

Host Charge Person: _____ Visiting Charge Person: _____

Call Person: _____ Control Person: _____

Emergency Phone Locations: (give location and phone number)

Medical Supplies/Personnel Available:

- Ice
- Crutches
- Splints
- Sport Medicine Physician's Kit
- Team Physician Present _____

Signals:

- Doctor Needed: Hand on top of head
- Ambulance: Arms held out to side
- Life Threatening- Cross arms over chest

Host Therapist Signature: _____

Visiting Therapist Signature: _____