



Emergency Action Plan

Event/Practice Facility Information:

Facility Name _____

Address _____

City _____ ST _____ Zip _____

Facility GPS Coordinates

Latitude: _____

Longitude: _____

Sample: Lat 38.919564

Sample: Long 104.7902394

Event Contact Info:

Name	Cell	Responsibility (ie: Tournament Director, Athletic Trainer, Doctor, Security, etc.)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Emergency Equipment Needed:

Item	Location
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Follow Up Emergency Documentation: (to be completed by event personnel)

1. Reporting Person's Name : _____ Date: _____

Subject: _____

Notes/Directions: _____

2. Reporting Person's Name : _____ Date: _____

Subject: _____

Notes/Directions: _____

3. Reporting Person's Name : _____ Date: _____

Subject: _____

Notes/Directions: _____

4. Reporting Person's Name : _____ Date: _____

Subject: _____

Notes/Directions: _____

Other: _____