|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Association / Park:** |  | | | | |
| **Team / Division:** |  | | | | |
| **SEASON YEAR:** |  | |
|  |  | |
| **Practice Site:** |  | | | | | |
| **Address:** |  | | | | | |
|  |  | | | | | |
|  |  | | | | | |
| **Head Coach:** | Name: |  | | Phone: |  | |
| **Asst. Coach:** | Name: |  | | Phone: |  | |
| **Asst. Coach:** | Name: |  | | Phone: |  | |
| **Asst. Coach:** | Name: |  | | Phone: |  | |
| **Asst. Coach:** | Name: |  | | Phone: |  | |
| **CPR Certificate Staff:** | Name: |  | | Phone: |  | |
| **USA Player Safety Coach:** | Name: |  | | Phone: |  | |
| **Team Book Keeper:** | Name: |  | | Phone: |  | |
| **Team Parent:** | Name: |  | | Phone: |  | |
|  |  |  | |  | | |
| **Football Commissioner:** | Name: |  | | Phone: |  | |
| **Cheer Commissioner:** | Name: |  | | Phone: |  | |

* Injury occurs: Head Coach will log date, time, and location.
  + An Asst. Coach will notify commissioner immediately
* Designated Asst. Coach will move all players and/or Jr. Coaches to the bleachers area or the designated safe zone & are to remain completely quiet.
* Head coach or designated adult staff to evaluate injury and remain with injured player/participant
* Head coach or designated adult staff will call for emergency assistance/ambulance
* Designated person(s) will go to the front of park to direct the ambulance/emergency vehicle.
* Team Parent will call parents by use of Emergency contact
* Head Coach and/or designated adult staff to accompany player/participant to the hospital until parents arrive.

**Date Practiced: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**This emergency action plan (EAP) has been discussed with all players and staff**