



Emergency Action Plan (EAP)

Complete for each facility ahead of time and keep forms with you. Assign parents, guardians, assistant coaches and volunteers roles they feel comfortable with so they are able to help in case of an emergency. When in doubt, call an ambulance.

Name of field or facility: _____

Address: _____

Valid from: _____ (mm/dd/yy) to _____ (mm/dd/yy)

Phone Numbers: Emergency Response: 911 or local #: _____

Facility _____

Coach's cell phone _____

Ambulance _____

Fire _____

Police _____

Local Hospital _____

Person designated to call emergency personnel: _____

Details of Location (to be read over the phone to a dispatcher in emergency):

Person(s) designated to open any gates/doors and wait/direct emergency personnel:

Person(s) designated to occupy/supervise children while coach deals with emergency:

Diagram of Facility:

(Include phones, exits, fire alarms, fire extinguishers, doors/gates, stairs, access roads, and anything else that might be useful)

When in doubt, call an ambulance.