EMERGENCY PLAN
(To be completed PRIOR to EVERY sport)

SPORT

SCHOOL

COACH ___________________________ (CPR/First Aid Certified) will stay with athlete and assess/treat the injury.

COACH __________________________ will call 911. (Coach will have cell phone with him at practice at all times).

COACH __________________________ will go unlock gate and direct paramedics to injured athlete.

COACH __________________________ will call injured athlete’s mother/father or guardian.

COACH __________________________ will ride with athlete in ambulance (if necessary).

COACH __________________________ will complete accident/injury report.

SPECIAL NOTE: Once the Emergency plan is utilized it will be evaluated the following day by coaching staff and a written copy will be forwarded to the Athletic Supervisor. Changes will be made if adjustments to the plan are needed and an updated Emergency Plan will be forwarded to Ms. Robinson, secretary in the Athletic office within two (2) days of changes/adjustments. Fax: (318) 603-6364 or email: mrobinson@caddoschools.org