

DATE RECEIVED: _____

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