

HCAL Emergency Action Plan Form

School _____

Team _____

Head Coach _____

Date _____

Situation: An athlete has been participating in drills when he/she suddenly collapses and is now lying on the ground unconscious.

Athlete care given by _____

EMS activated by _____

AED retrieved by and available for use within 5 minute _____

Athletic Trainer/Nurse contacted by _____

EMS met at designated area by _____

Crowd control handled by _____

Parent Contacted by _____

Police contacted by _____ (if needed)

