

EMERGENCY ACTION PLAN

TEAM:	
SITE:	
CHARGE PERSON:	
ALTERNATE:	
CALL PERSON:	
ALTERNATE:	

KEY PHONE NUMBERS

LOCATION OF PHONES:

PHONE NUMBERS:

DETAILS OF LOCATION:

*tape a quarter to the back of this card

When you call emergency services:

State:

1. Your name
2. "There has been a suspected (type of injury) at (location).
3. Please send an ambulance to the (location). I will meet the ambulance there."
4. Ask the projected time of arrival.
5. Give them your phone number if possible.