



PETERBOROUGH CITY SOCCER ASSOCIATION

EMERGENCY ACTION PLAN CONTACTS

EMERGENCY ACTION PLAN

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| 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.