



Emergency Response Information

Please complete the following information any time an EMS call is made for athletic practice/games that you are involved with. Athletic Trainer is the primary contact, Although if they are at off campus event: Head Coach and Athletic Director may be person collecting information. Please be as detailed and accurate as possible. { Do not use any students name or information}

Site of Accident: (Milne, Wilson, HS Football, HS Gym etc.)		Date
Sport	Gender	Level
Person responsible for Call (AT, Parent, Coach, etc.)		
Athletic Trainer(s) Involved		
Coach(es) Involved		
Physician (present /whom)		
Called Placed By:	Time	EMS: Arrival time Departure time
Transported (Ambulance, Refused transport,)		Location transported to

Contact Information:

Parents Informed Whom
 Time
 How
 By Whom

School Official Informed: Whom
(Coaches should contact AT by Time
procedures in place) How
(AT/Coach should Contact AD.) By Whom

Review of plan/ suggestions / concerns: