



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:

Submit Information to APS Athletics: email: athletics@aps.edu department fax: (505) 830-3383