



# 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.

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	Student Name:
	Time	School ID #:
	How	School Name:
	By Whom	

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### 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