MEDICAL DIRECTOR



EMERGENCY ACTION PLAN

First Name:	Last Name:
First Name:	Occupation:
EMT Name: Mobile Phone: Company Name: () Company Phone: ()	AMBULANCE Company: Address: Phone Number: () Is ambulance on-site? Yes or No If not, is ambulance dedicated? Yes or No
CERTIFIED ATHLETIC TRAINER (ATC(s) Name: Mobile Phone: () Company: PREFERRED HOSPITAL Facility Name: Emergency Department Phone: () Location: Driving directions from venue:	PHYSICIAN Name: Mobile Number: () Company:
	mbulance with radio band contact. In addition, there rive no later than () a.m. in order to tape and

In case of an injury the procedure will be:

If injury occurs during warm ups or outside of a schedule game the athlete should report to the medical tent for assistance. The first medical staff to the scene will conduct a primary on-field assessment. If the injury is not serious the medical staff will bring the athlete to the sidelines and conduct a secondary assessment. If the injury is serious the tournament ATC and EMT will take the field and assist. Together the ATC and EMT will inspect the athlete and determine if the ambulance is needed for transport to the hospital. The medical director will assist in organizing hospital transport for the athlete by private vehicle (with family or friend) if an ambulance ride is declined. All major treatment of injuries will be recorded in a medical report by the medical staff that administered treatment. The medical director will collect the reports at the end of each day of competition.

If there is a dispute over the medical care of an athlete this must be brought to the attention of the medical director and the incident will be recorded in writing. Situations such as this will be dealt with on a case-by-case basis.