

**EMERGENCY MEDICAL PLAN**  
**DESIGNATED ROLES**  
**(Complete prior to activity/event)**

**Name**

1. \_\_\_\_\_ Attends to injured athlete, controls scene.
2. \_\_\_\_\_ Calls 911 or other predetermined #.
3. \_\_\_\_\_ Supervises team.
4. \_\_\_\_\_ Meets paramedics at gate and guides to injured athlete.
5. \_\_\_\_\_ Gives emergency card to paramedics.
6. \_\_\_\_\_ Calls parents or alternative name on emergency card.
7. \_\_\_\_\_ Accompanies injured athlete to hospital.
8. \_\_\_\_\_ Notifies principal and county Athletic Director as soon as possible.