

EMERGENCY MEDICAL PLAN

TEAM NAME: _____ **DIVISION:** _____

HEAD CHEER COACH: _____ **CELL#** _____

ASST. CHEER COACH: _____ **CELL#** _____

ASST. CHEER COACH: _____ **CELL#** _____

IN THE EVENT OF AN EMERGENCY THE FOLLOWING SUPPORT TEAM WILL HANDLE THE SITUATION:

THE HEAD CHEER COACH _____ **AND THE SQUAD'S CERTIFIED CPR/FIRST AID SPECIALIST** _____ **WILL MAINTAIN THE AREA AND ACCESS THE EMERGENCY.**

THE FOLLOWING PEOPLE WILL HANDLE THE TASKS LISTED:

CALL 911 OR LOCAL POLICE: _____

PERFORM CPR/FIRST AID: _____

SUPERVISE THE SQUAD: _____

DIRECT EMERGENCY PERSONNEL: _____

NOTIFY PARENTS: _____

THE HEAD CHEER COACH WILL CONTACT OUR CHEER COORDINATOR AND/OR OUR PRESIDENT TO INFORM THEM OF THE SITUATION

ALL "OEC" CITY POLICE DEPARTMENT NUMBERS ARE ATTACHED