



Emergency Action Plan

Date: _____

Team/Event: _____

Location (Address, City, Postal Code):

Facility Contact Name: _____

Facility Contact Phone Number: _____

Directions to Location:

Location of First Aid/AED Equipment: _____

Person In Charge: _____

Designated Call Person: _____

Nearest Hospital

Address: _____

Phone Number: _____

Nearest Police Station

Address: _____

Phone Number: _____

Nearest Pharmacy

Address: _____

Phone Number: _____

Hours of Operation: _____



Nearest Dentist

Address: _____

Phone Number: _____

Hours of Operation: _____

Nearest Walk-In Clinic

Address: _____

Phone Number: _____

Hours of Operation: _____

Nearest COVID-19 Testing Centre (<https://covid-19.ontario.ca/assessment-centre-locations/>)

Address: _____

Phone Number: _____

Hours of Operation: _____

Local Public Health Unit

Address: _____

Phone Number: _____

Location of Athlete & Guardian Contact Information:
