



# AFTER-HOURS SCHOOL ACTION PLAN FOR ALL EVENTS

Activity \_\_\_\_\_ Pick-up location and time \_\_\_\_\_

Staff Member's name (Coach/Advisor) \_\_\_\_\_ School Year \_\_\_\_\_

Cell Phone \_\_\_\_\_ Event/Practice Site \_\_\_\_\_

Has a Facility Use Permit been filed? Yes \_\_\_\_ No \_\_\_\_

Where should the EMS come in case of an emergency? \_\_\_\_\_

\_\_\_\_\_

Who will call the EMS? \_\_\_\_\_

Who will notify the parent(s) that student is being transported? \_\_\_\_\_

Who opens doors/gates for the EMS? \_\_\_\_\_

Who travels with injured student? \_\_\_\_\_

Who does the follow-up with parent(s)? \_\_\_\_\_

Who documents the injury? \_\_\_\_\_

Who will provide primary care for the injured student? \_\_\_\_\_

Where is the First-Aid kit located? \_\_\_\_\_

Where is the AED located? \_\_\_\_\_

Who is going to explain the tornado procedures to the students? \_\_\_\_\_

Where is the closest weather shelter? \_\_\_\_\_

Who has keys/access to the weather shelter? \_\_\_\_\_

Who performs a daily site inspection of the facilities? \_\_\_\_\_

Who manages the remainder of the event? \_\_\_\_\_

Who is notifying administration? \_\_\_\_\_

Agreed upon before using the school's facility:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

