



VENUE SPECIFIC EMERGENCY PROTOCOL FORM

Venue	
Venue Address	Date

Always attach a signed emergency release card and information to this form for all players AND staff.

Is there cell phone reception?	Verizon: YES/NO Sprint: YES/NO AT&T: YES/NO
Is there an alternate means of communication?	
Who will determine the need to call 911?	
Who will call 911 and instruct emergency medical services (EMS) personnel to “report to (venue) and meet (who is waiting) at (specific location) as we have an injured student-athlete in need of emergency medical treatment?	
Necessary information for EMS personnel: <ul style="list-style-type: none"> • Name, address, telephone number of caller – the cell # is: • Number of victims; condition of victims • First-aid treatment initiated • Specific directions as needed to locate scene 	
Who will provide appropriate emergency care until arrival of EMS personnel?	
Who will provide EMS personnel, upon arrival, pertinent information regarding injury, vital signs, treatment rendered, medical history of student?	
Who will accompany student-athlete to hospital with pertinent medical card information?	
Who will notify the district athletic director and/or alternate administration?	
Who will contact parents?	
Who will complete the appropriate injury reports as soon as feasible?	
Who will be responsible for supervising remaining students:	
Is there an automated external defibrillator (AED) on site? (list location)	
Who has been trained to use the AED?	
EMERGENCY DEPARTMENT	
Jefferson Healthcare Hospital (385-2200) 834 Sheridan Street, Port Townsend	
Jefferson County Sheriff’s Department (385-3831) 81 Elkins Rd, Port Hadlock	
Port Townsend Police Department (911) 1919 Blaine St, Port Townsend	
DISTRICT CONTACTS	
Dave Porter, Athletic Director (360)643-1190 or (360)732-4251	
Whitney Meissner, Principal (360)316-1088 or (360)437-0198	

Inspector's Signature Print Name

Date