



UIL STATE FOOTBALL CHAMPIONSHIPS PRE-GAME MEDICAL MEETING



VENUE ADDRESS:

DATE OF EVENT:

PRE-GAME OPERATIONS AGENDA

REVIEW OF LOGISTICS

- Verify location of equipment:
 - Ambulance
 - Transport Cart
 - Automated External Defibrillator
 - Spine Board
 - Advanced Airway Equipment
- Review location of:
 - UIL Athletic Trainer Liaison during games
 - Stadium emergency exit for transport scenario

SPINAL IMMOBILIZATION PROCEDURES

- First on scene will secure C-spine and lead

EMERGENCY MEDICAL SERVICES ACTIONS

NEAREST HOSPITAL NAME

ADDRESS

PHONE NUMBER

NEAREST TRAUMA CENTER NAME

ADDRESS

PHONE NUMBER

HOME TEAM	VISITING TEAM	UIL ATHLETIC TRAINER LIAISON
ATHLETIC TRAINER NAME:	ATHLETIC TRAINER NAME:	ATHLETIC TRAINER NAME:
CELL PHONE NUMBER:	CELL PHONE NUMBER:	CELL PHONE NUMBER:
ATHLETIC TRAINER NAME:	ATHLETIC TRAINER NAME:	
CELL PHONE NUMBER:	CELL PHONE NUMBER:	

ADDITIONAL CONTACT INFORMATION

REVIEW OF EMERGENCY ACTION PLAN

ACTIVATING TRANSPORT CART

- Head athletic trainer will communicate with UIL athletic trainer liaison to activate transport cart if needed

ACTIVATING EMS

- Head athletic trainer will communicate with UIL athletic trainer liaison to activate EMS if needed

MEDICAL EMERGENCIES

- Head athletic trainer will use "All Come" hand signal for medical emergencies
- Hand signal will be hands crossed overhead (Will activate all emergency procedures)

PLAYER MEDICAL ALERT/ALLERGIES

- Head athletic trainer will communicate any known medical conditions or allergies

UIL ATHLETIC TRAINER LIAISON WILL "CLOSE THE LOOP"



IN THE EVENT OF AN INJURY THAT REQUIRES ACTIVATING EMS OR THE USE OF ANY EMERGENCY EQUIPMENT PLEASE COMPLETE THE FOLLOWING

NAME OF ATHLETE / TEAM:	NAME OF ATHLETE / TEAM:	NAME OF ATHLETE / TEAM:
NATURE OF INJURY:	NATURE OF INJURY:	NATURE OF INJURY:
EMERGENCY ACTIONS TAKEN:	EMERGENCY ACTIONS TAKEN:	EMERGENCY ACTIONS TAKEN:
PARENT/GUARDIAN INFORMATION:	PARENT/GUARDIAN INFORMATION:	PARENT/GUARDIAN INFORMATION:
NOTES:	NOTES:	NOTES: