THE MEDICAL EMERGENCY ACTION PLAN

Club name:	
Club address:	
Postcode:	

First aider/ helper information	
Name	**Mobile number**

First aid equipment and facility	
Item	**Location**
Defibrillator (AED)	
Stretcher	
First-aid room	

Access routes:

1 **For ambulance** **2** **First aid room to ambulance** **3** **Pitch to ambulance**

Other information	
Nearest hospital address: (with Emergency Department) Note: include contact no.	
Directions to hospital:	
Journey time:	
Nearest walk in centre (WIC) address:	