



## The Phoenix Emergency Action Plan

*This form is for Phoenix Instructor use only.*

IN THE EVENT THAT AN INSTRUCTOR SHOULD BECOME INCAPCITATED DUE TO INJURY OR ILLNESS USE THE INFORMATION BELOW TO INITIATE AN IMMEDIATE EVACUATION.

Full Name

Full Name

Instructor #1 \_\_\_\_\_

Instructor #2 \_\_\_\_\_

Event Date(s) \_\_\_\_\_

Name of Event and Location of Activity \_\_\_\_\_

Event Summary: **(To Include Itinerary and Route That Will Be Taken)**

### Emergency Contact(s)

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Association: \_\_\_\_\_

Association: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Notes:

### Nearest Medical Facilities

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

**Approximate directions from event starting point to facility:**

**Facility Capabilities:**

**Most Likely Evacuation Scenario:**