

Heat Incident Report

Name:	Age:	Date:
Parent Name:	Location:	Time:

<p>Heat Incident: Type (heat cramps, exhaustion, stroke).</p> <p>Symptoms noted:</p>	<p>Team Actions: Note actions taken.</p>
Was 911 called: YES/NO	Was player taken to hospital: YES/NO
Was Parent Contacted: YES/NO List contact number:	If taken to hospital, who went with the player:
Notified Team Insurance: YES/NO	Get Copy of Hospital Report: YES/NO
Temp Reading:	Amount of Water Given:

Heat Index:	Stage:
Senior Coach on the Field:	Team Doc:

Notes of Event

Follow up with Parent/Player: YES/NO	Player Restricted from Practice: YES/NO
Review HEAT PREVENTION PLAN: YES/NO	Time Period of restriction:

Notes from Follow up:

Signature of Head Coach:	Signature of Parent:
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