



# Bike Club Emergency Response Plan For Off-Campus Rides

**CALL 9-1-1 IMMEDIATELY IN ANY LIFE-THREATENING SITUATION**

## Preparation & Planning (Faculty Sponsors)

- Review and understand this Emergency Response Plan (ERP) and communicate it with all volunteers.
- Ensure the Bike Club (BC) backpack contains student, volunteer, principal, and school contact information.
- Designate a backup leader in case the Faculty Sponsor is injured.

## Before Each Ride (Faculty Sponsors & Volunteers)

- Bring the BC backpack with emergency supplies.
- Plan a route appropriate for the group, noting any potential hazards.
- Inform someone at the school site of the planned route and destination when applicable.

## Emergency Protocol During a Ride

- The Faculty Sponsor serves as the Ride Leader and Safety Coordinator. If unable, they must designate another adult leader.
- **Call 9-1-1** immediately in case of an emergency.
- Ensure the safety of the victim and the scene (alert and stop traffic if necessary) and move the group to a safe location.
- If the student cannot ride back to campus, call the school or parent to arrange transportation.
- Notify the emergency contact of the student involved.
- Notify TPS Campus Police at 918-480-SAFE (7233) if additional support is needed. *NOTE:* A guardian or adult sponsor should accompany, or follow, any student transported via an ambulance to a hospital.
- Upon returning to school, complete the Tulsa Public Schools (TPS) Incident Report and notify the Bike Club Program Manager.

## Emergency Response Steps

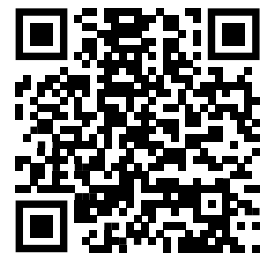
1. Remain calm.
2. Assess and secure the scene.
3. Call 9-1-1 if required.
4. Notify emergency contact.
5. Call TPS Campus Police if necessary.
6. Ensure a responsible adult accompanies student if transported to hospital.
7. Fill out TPS incident report.



## Safety First

### Always Stay Alert, Prepared, and Ready to Act!

Your quick response can make all the difference in an emergency.



Download Bike Club  
Accident Report Form



# BIKE CLUB ACCIDENT REPORT FORM

(Revised 03/28/25)

Distribute copies to TPS Athletics, Bike Club staff,  
and the school administrators at your club.

Form Completed By: \_\_\_\_\_

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_ Sex: ☐ Male ☐ Female

Parent/Guardian Notified: ☐ Yes ☐ No Notified By: \_\_\_\_\_ Method: ☐ Email ☐ Phone

Faculty Sponsor Name: \_\_\_\_\_ Sponsor present at scene of accident: ☐ Yes ☐ No

Witness #1 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Witness #2 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## Degree of Injury:

- ☐ Minor - Scrapes, minor cuts, bruises, abrasions, mild road rash.
- ☐ Moderate - Deeper cuts requiring stitches, sprains, minor fractures (e.g., a small wrist fracture), significant road rash.
- ☐ Severe - Head injuries (possible concussion), broken bones, deep lacerations, dislocations, or any injury causing loss of consciousness.

## Nature of Injury (Check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Abrasion/Scratch  | <input type="checkbox"/> Fracture/Break |
| <input type="checkbox"/> Allergic Reaction | <input type="checkbox"/> Heat Stroke    |
| <input type="checkbox"/> Bruise            | <input type="checkbox"/> Road Rash      |
| <input type="checkbox"/> Concussion        | <input type="checkbox"/> Sprain/Strain  |
| <input type="checkbox"/> Dislocation       | <input type="checkbox"/> _____          |

## Body Part Injured:

- |                                  |
|----------------------------------|
| <input type="checkbox"/> Abdomen |
| <input type="checkbox"/> Ankle   |
| <input type="checkbox"/> Arm     |
| <input type="checkbox"/> Back    |
| <input type="checkbox"/> Chest   |

- |                                |
|--------------------------------|
| <input type="checkbox"/> Elbow |
| <input type="checkbox"/> Eye   |
| <input type="checkbox"/> Face  |
| <input type="checkbox"/> Foot  |
| <input type="checkbox"/> Hand  |

## Side: ☐ Right ☐ Left

- |                                |                                |
|--------------------------------|--------------------------------|
| <input type="checkbox"/> Head  | <input type="checkbox"/> Nose  |
| <input type="checkbox"/> Knee  | <input type="checkbox"/> Wrist |
| <input type="checkbox"/> Leg   | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Mouth |                                |
| <input type="checkbox"/> Neck  |                                |

Describe the Accident (What happened?): \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Location of Accident:

Time of Incident: \_\_\_\_\_

- |   |                                     |
|---|-------------------------------------|
| <input type="checkbox"/> Park           | <input type="checkbox"/> Street     |
| <input type="checkbox"/> School Grounds | <input type="checkbox"/> Trail/Path |
| <input type="checkbox"/> Sidewalk       | <input type="checkbox"/> _____      |

Possible Causes (Check all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> Collision with Another Rider | <input type="checkbox"/> Rider Error           |
| <input type="checkbox"/> Collision with Object        | <input type="checkbox"/> Road/Trail Conditions |
| <input type="checkbox"/> Equipment Malfunction        | <input type="checkbox"/> _____                 |

## Action Taken (Check all that apply):

- ☐ First-Aid Given By: \_\_\_\_\_
- ☐ Sent Home By: \_\_\_\_\_
- ☐ EMS Called: \_\_\_\_\_
- ☐ Taken to Hospital: \_\_\_\_\_
- Hospital Name: \_\_\_\_\_

## Follow Up Wellness Check:

Date of Contact: \_\_\_\_\_

Name of Contacter: \_\_\_\_\_

Spoke With: \_\_\_\_\_

Status of Injured: \_\_\_\_\_

Days of School Missed: \_\_\_\_\_