

Version 8.1



SPECIAL EVENT SERVICES

Event load-in or load-out.

You will be providing EMT level assessments and care to the production employees that are on-site to construct or remove production equipment. Calls for SoFi employees, tour guests, non-production related, or calls in the parking lot should be referred to the Stadium Tour EMT.

The Basics:

Do not be late!

You must be in class "A" uniform

No hats are to be worn while on duty at the stadium.

You are required to wear a mask any time you are evaluating/treating a patient.

Absolutely no sleeping and no picture or video taking at any time!

Bring your own food. There is a microwave and refrigerator in the level one first aid room.

Time goes by faster if you bring a laptop, books or study materials etc.

Clocking IN:

These procedures must be followed exactly!

It is important information to ensure that you are paid for the shift & that we accurately bill the stadium for the work. When you arrive at the buildings employee entrance

1. Clock in with the Kronos app.
2. Call dispatch and tell them you have started your shift.
3. Text 818-823-0523 with "YOUR NAME starting SoFi load-in at TIME".

Access:

Enter the stadium at Arbor Vitae. Park in parking lot "N" (West side of stadium)

Enter the building at gate 7 (See map). This is the employee entrance. Any bags you bring must be x-rayed or examined here.

Check in at the security screeners to receive a wristband.

Tell security that you are on the first aid load-in team and need to report to the Command Center on level 1. If your name isn't on their list, call the Command Center at (424) 541-9902 and request access.

Take the elevator to floor #1. Exit the elevator and proceed to the Command Center (See map).

Knock on the Command Center door and request a house *and/or* production radio. Ask what channel they want you to monitor/use. Ask for the level one first aid room to be unlocked.

Staging Room: (Normally The Verizon Lounge)

Check your equipment (AED, #11 red backpack jump bag, wheel chair etc).

If you are a single, you will not need a gurney.

Do not use the gurney if you are a single crew. At no time should a single EMT operate a gurney. At no time are you permitted to lay down or sleep while assigned to post. Do not wonder around or explore.

Bring your food and drinks. Ordering delivery from inside the stadium is problematic with the various security systems in place. If you are wondering around attempting to pick up your delivery food, then you are not working and this may cause an unnecessary delay in patient care.

Once inside the first-aid room, you will have access to a refrigerator and microwave. Do not take anything in the refrigerator that is not yours. Please remove anything that you place in the refrigerator at the end of your shift.

The first-aid room contains over-the-counter medications. Under no circumstance are you to directly dispense or suggest any medications. You may allow a patient to acquire a single dose or packet on their own, but you must document it on the declaration of evaluation form (See example) located inside each First-Aid station.

You should camp in the Verizon Lounge. (Unless specifically requested at a different location) The stadium does not want you to wander around.

Please leave the first-aid room clean when your shift is done. Please empty trash cans and refrigerator.

COMMUNICATIONS :

One door north of the field tunnel is the command center.(See map)
Ask security for a radio to use and ask which channel you should be on.
You must be available and reachable on the radio at all times!

PATIENT CARE REPORTS :

You will be utilizing paper patient care reports for all patient contacts.
Please familiarize yourself with the PCR. (See attached example).

PCR's will be done for ALL patient contacts.

Requests for medical supplies (Band-Aid, ice pack, etc) require a PCR if the injury occurred on SoFi property. Be sure to document in the narrative why the supplies were requested. Was it an injury on SoFi property? Exactly when and where did it occur?

The PCR is in triplicate so press down firmly when writing in BLACK or BLUE ink ONLY!

We do not give patients any copy of the PCR. The AMA is on the back of the last page or IS the last page.

Immediately notify building security for ALL still alarms & walk-in patients!

At the end of the shift, leave all paperwork in the top drawer near the sink in the first-aid room.

Requesting Help:

If you have a patient that you believe needs ALS or needs to be transported to the hospital, call 911 & request it. Make sure that you notify security that you have activated 911 and where you would like the Fire Department to respond to so that security can assist in directing the fire department.

If you are unsure if you need ALS or if you can legally AMA a particular patient, contact Mike Henderson by voice or text (818-822-0960) or David Granados at (310)251-8594.

End of Watch:

At the end of the shift, make sure to check with production/security to see if you are clear to leave. Scan the CLOCK OUT QR code posted near the door. This must be done in addition to Kronos.

DO NOT JUST LEAVE WITHOUT BEING CLEARED!

Clocking OUT:

These procedures must be followed exactly!

It is important information to ensure that you are paid for the shift & that we accurately bill the stadium for the work.

When you have been cleared of the stand-by,

1. Call dispatch and tell them you have been cleared at the stand-by.
2. Scan the **CLOCK OUT** QR code posted near the door. This must be done in addition to Kronos.
3. Text 818-823-0523 with "YOUR NAME ending SoFi load-in at *TIME*".
4. Clock out with the Kronos app.

Phone Service:

- Verizon: 4G and 5G
- AT&T: Wi-Fi calling
- T-Mobile/Sprint: Wi-Fi calling
- Others: Wi-Fi calling

WiFi Calling Setup

Go to Settings on your iOS device. Within Settings, navigate to Cellular.

In Cellular, navigate to Wi-Fi Calling, then Enable Wi-Fi Calling on this iPhone if its not enabled

Android Configuration

To enable Wi-Fi Calling, you can select the Wi-Fi Calling icon in the fast menu (Pulling down the notification shade). Additionally, you can go to Settings.

Within Settings, navigate to Network & Internet > Connections.

Within Network & Internet Connections, search for "Wi-Fi Calling".

If you do not find Wi-Fi Calling, you may need to navigate to "Wi-Fi Preferences" or "Call" which will need to be Enabled.

NOTE: Android Settings are different from phone to phone, if Wi-Fi Calling is not in the Connections menu, you can type in "Wi fi calling" in the search bar:

- a. Note that a restart may be required following enabling Wi-Fi Calling.

CONTACT LIST :

McCormick Ambulance Event Manager Mike Henderson (818) 822-0960

McCormick Ambulance Event Supervisor David Granados at (310) 251-8594.

McCormick Ambulance Dispatch main number (888) 349-8944

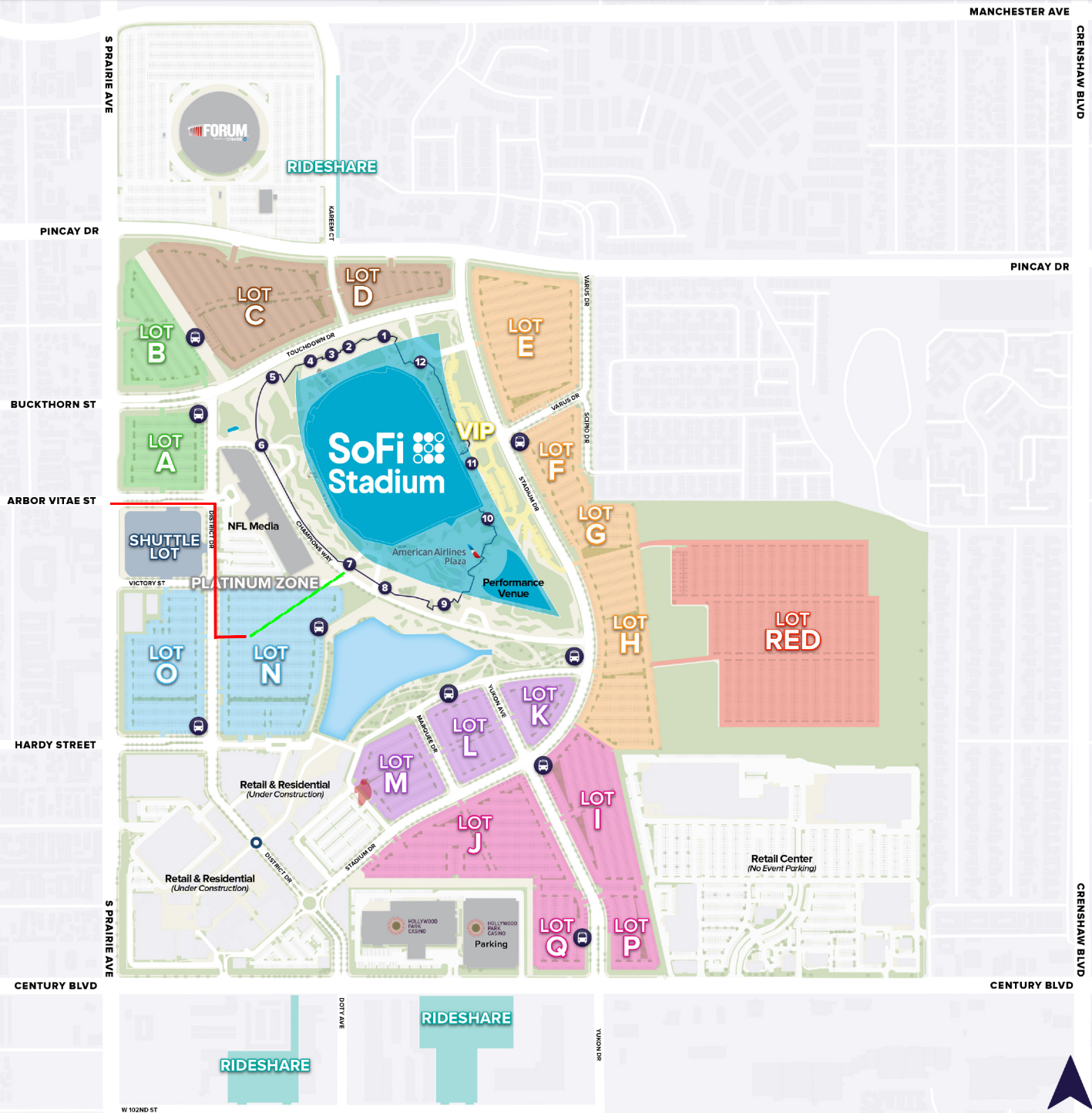
McCormick Ambulance Dispatch Supervisor (310) 387-8058

SoFi Command Center (ECC) at (424) 541-9920

IT Department's phone number if your Kronos account is not yet working (866) 267-9111

SoFi Stadium PARKING ZONES

- Green Zone** (Lots A, B)
- Pink Zone** (Lots I, J, P, Q)
- Blue Zone** (Lots O, N)
- Rideshare** (Drop off / Pick Up)
- Brown Zone** (Lots C, D)
- Purple Zone** (Lots K, L, M)
- Yellow Zone** (VIP Parking)
- ADA Route** (Drop off / Pick Up)
- Orange Zone** (Lots E, F, G, H)
- Platinum Zone** (Valet)
- Red Zone**
- # Entries**



ADDITIONAL INFORMATION

- **Seating Section Breakdown - Level 2: 100 seating section, Level 3: 200 seating section except 227-236), Level 4: 227-236 seating sections, Level 6: 300 seating section, and Level 8: 400 and 500 seating sections**
- **Levels that go all the way around are levels for guests to use are levels 2 and 6. Level 3 has no south side, level 4 has no north side, and level 5 does not have a north or south.**
- The clear bag policy will be in effect for non-credentialed staff. All noncompliant bags will be screened via X-Ray and tagged upon inspection.
- To access wifi use #sofiastadium. Reminder: non-Verizon users need to access wifi calling in the building
- All elevators will be available for use. One (1) elevator at Entry 7 will be for Rams use from Level 1 to Level 5.
- All escalators except Entry 7 escalator from Level 2 to Level 6 (ESC 03/04, ESC 11/12, ESC 19/20, and ESC 29/30) will be in use.
- Guest Services Centers are located at Level 2 Southwest Level 3 North, Level 4 South, Level 6 Southeast, and Level 8 North Kiosk, and Level 8 Southwest Kiosk. Lost and Found items can be turned in at any center. Guests may contact guestservices@hollywoodparkca.com for inquiries.
- Sensory toolkits and assistive listening devices, will be available at VIP Entry 11 Guest Service Center.
- Mamava Pod at Northeast on Level 6 and Southeast on Level 4 Northeast are available to use.
- Four (4) bag valets are located outside for a \$20 fee at the following locations: Northeast on Touchdown Dr., Northwest on District St./Touchdown Dr., Southwest on Champions Way, and South/Southeast on Champions.
- Wheelchair escorting services will be available from the entries to seats and back.
- The following merchandise locations are available: The Equipment Room, Level 2: Northwest Section 106, Level 6: North Blooming Onion Portable Section 305, and Level 8: Northeast Section 506.
- The following concession stands will be available: Level 2: Northwest, Northeast, and South, Level 3: East and West Patio Club, Northwest, North, and Northeast, Level 4: Southwest and South, Level 6: East and West Terrace Club, Northwest, Northeast, Southeast, South, and Southwest, and Level 8: North, East, Southeast, Southwest, and West.
- Alcohol cutoff will be at 6:00pm for general admission and 6:30pm for VIP guests.

BREAKSPACES AND MEALS

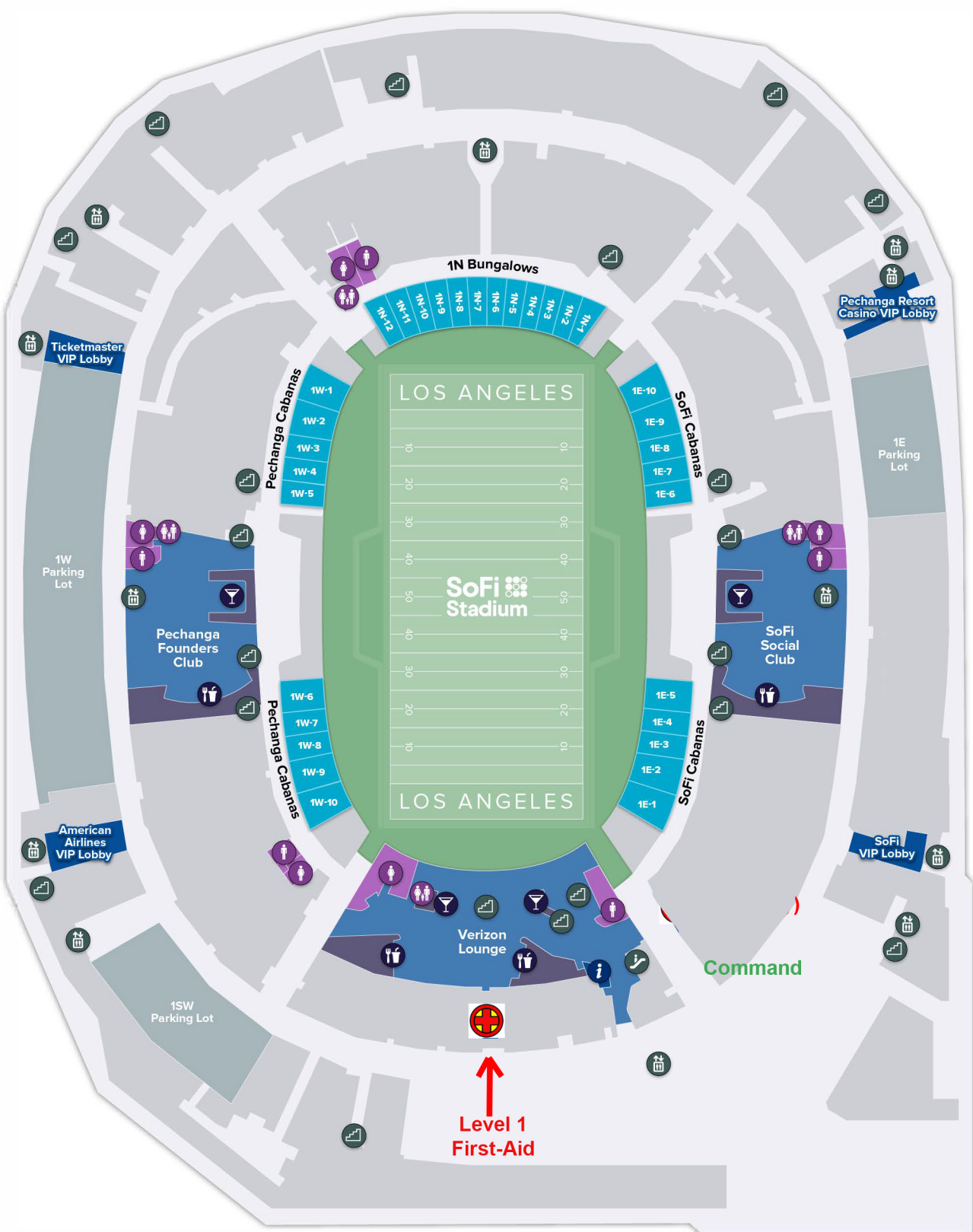
- Designated break location for all Media is on Southwest Level 7 inside Press Box.
- Please check with your Supervisor for specific designated break location information. All breakspaces and the Broadcast Compound will be in use for breaks.
- Complimentary meals are available to all Team Members from 4:30pm-6:30pm. If working on Levels 1-5 meals are to be picked up from only the Level 1 South Broadcast Compound. If working at the Entries or Levels 6-8 meals are to be picked up from one of the three (3) Level 6 breakrooms. Please do not remove meals from any break areas.
- Breakrooms are located at the following areas: Level 1: South Broadcast Compound, Level 2: Northeast 02.37G.01, Level 3: Southeast 03.05H.01 and Northwest 03.27G.01, Level 4: East 04.04H.01 and Southwest 04.17G.04, Level 5: Southwest 05.16G.05, Northeast 05.37G.01, Level 6: Southwest 06.16H.01, Northwest 06.28J.01, and Northeast 06.40H.01, and Level 8: 08.17H.01.

COMMUNICATION & EMERGENCY INFORMATION

Please use your dedicated channel to reach Event Command Center

To reach Event Command Center (ECC) via phone: (424) 541-7222





1N Bungalows

Pechanga Resort Casino VIP Lobby

LOS ANGELES

LOS ANGELES

SoFi Stadium

Level 1 First-Aid

Command

Pechanga Cabanas

SoFi Cabanas

Pechanga Cabanas

SoFi Cabanas

Pechanga Founders Club

SoFi Social Club

Verizon Lounge

SoFi VIP Lobby

Ticketmaster VIP Lobby

American Airlines VIP Lobby

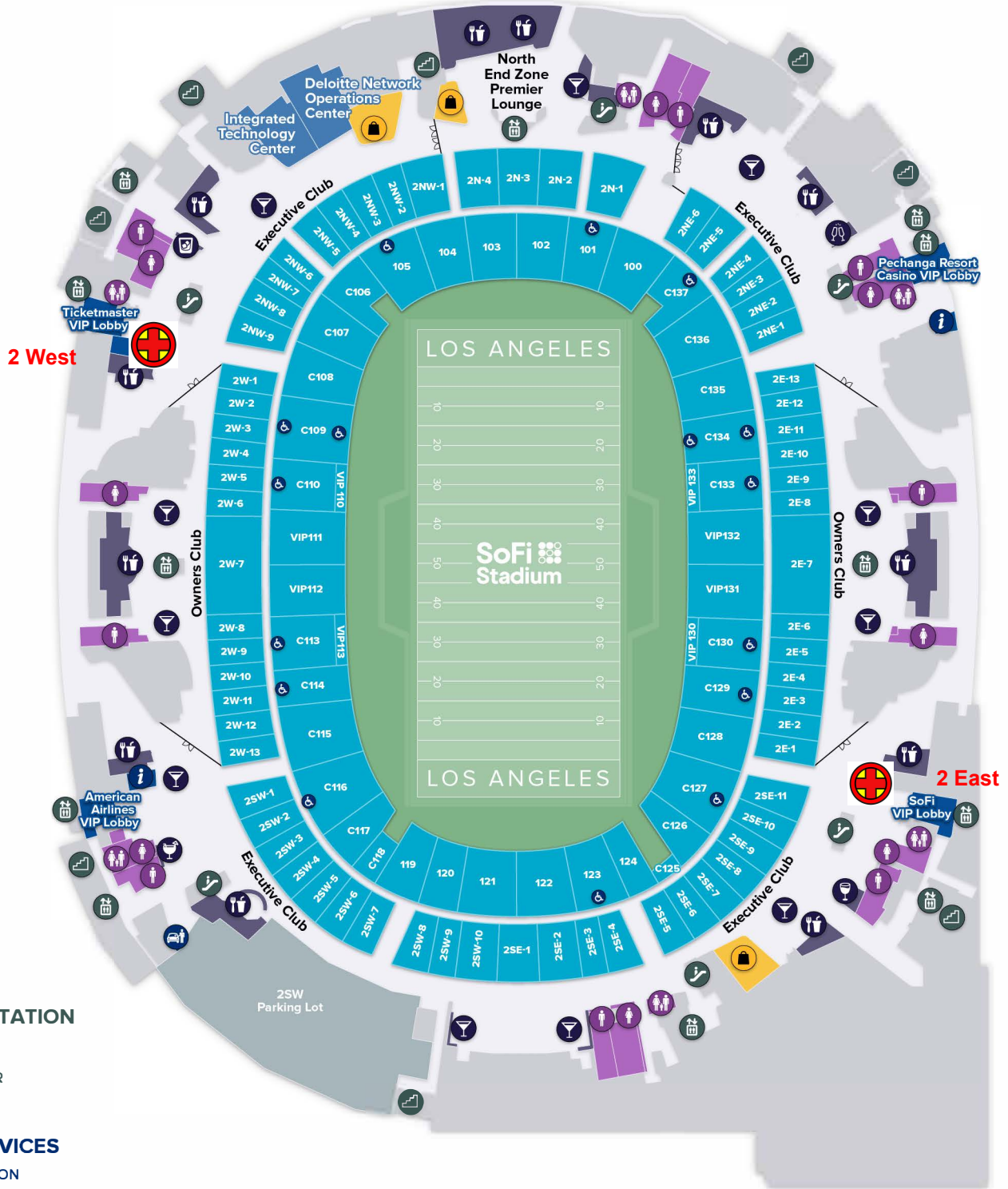
1SW Parking Lot

1E Parking Lot

1W Parking Lot

SoFi Stadium

LEVEL 2 (Executive Club, Executive Suites, Owners Club, Owners Suites, Premier Seats 100)



VERTICAL TRANSPORTATION

- ELEVATOR
- ESCALATOR
- STAIRS

GUEST SERVICES

- INFORMATION
- FIRST AID
- ADA SEATING
- VALET & VIP PARKING

RESTROOMS

- MEN'S RESTROOM
- WOMEN'S RESTROOM
- FAMILY RESTROOM

FOOD & DRINK

- BAR
- CHAMPAGNE BAR
- WINE BAR

- WHISKY BAR

- TEQUILA BAR

- SUSHI, ASIAN, DELI, PATTY MELT, BURGER, TACOS, BAJA BOWL, PIZZA, CHARCUTERIE

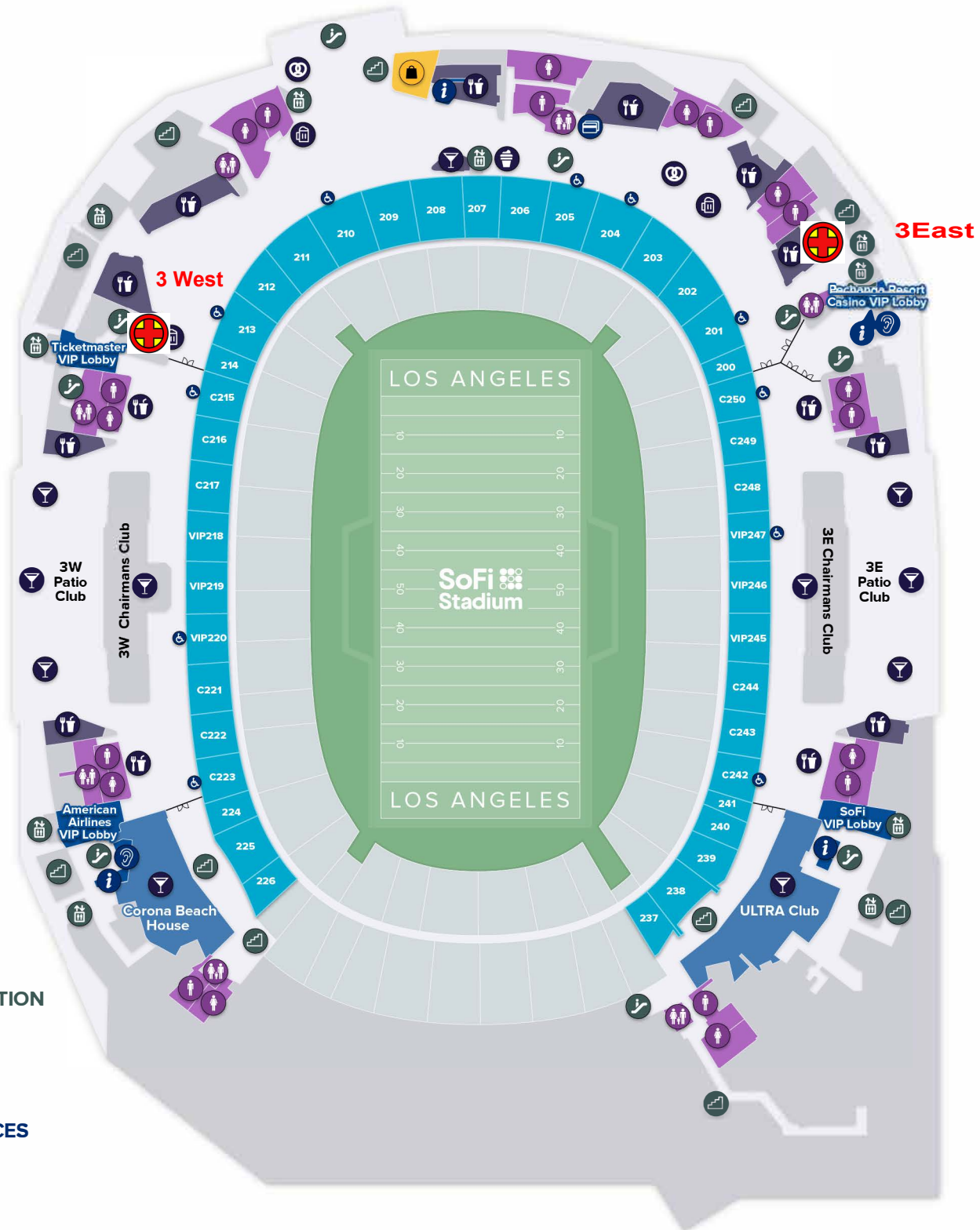
RETAIL

- TEAM STORE



SoFi Stadium

LEVEL 3 (Club Seats 200, Premier & Reserved Seats 200)



VERTICAL TRANSPORTATION

- ELEVATOR
- ESCALATOR
- STAIRS

GUEST SERVICES

- INFORMATION
- FIRST AID
- ADA SEATING
- SENSORY ROOM
- CASH-TO-CARD KIOSK

RESTROOMS

- MEN'S RESTROOM
- WOMEN'S RESTROOM
- FAMILY RESTROOM

FOOD & DRINK

- BAR
- BEER
- SNACKS
- POPCORN
- FROZEN SNACKS
- CHICKEN, BURRITO, PIZZA, BURGERS

RETAIL

- TEAM STORE



SoFi Stadium

LEVEL 4 (Corona Beach House Suites, Patio Suites, Perch Suites, Reserved Seats 200, ULTRA Club Suites)



VERTICAL TRANSPORTATION

- ELEVATOR
- ESCALATOR
- STAIRS

GUEST SERVICES

- INFORMATION
- FIRST AID
- ADA SEATING
- MAMAVA LACTATION SUITES
- CASH-TO-CARD KIOSK
- ATM

RESTROOMS

- MEN'S RESTROOM
- WOMEN'S RESTROOM
- FAMILY RESTROOM

FOOD & DRINK

- BAR
- BEER
- SNACKS
- FROZEN SNACKS
- BURGER, BURRITO, BBQ, GRAB & GO

RETAIL

- TEAM STORE



SoFi Stadium

LEVEL 5 (Corona Beach House Suites, Patio Suites, Perch Suites, ULTRA Club Suites)



VERTICAL TRANSPORTATION

- ELEVATOR
- ESCALATOR
- STAIRS

GUEST SERVICES

- INFORMATION
- BOX OFFICE

RESTROOMS

- MEN'S RESTROOM
- WOMEN'S RESTROOM
- FAMILY RESTROOM



SoFi Stadium

LEVEL 6 (Premier & Reserved Seats 300)



VERTICAL TRANSPORTATION

- ELEVATOR
- ESCALATOR
- STAIRS

GUEST SERVICES

- INFORMATION
- BOX OFFICE
- FIRST AID
- ADA SEATING
- MAMAVA LACTATION SUITES
- CASH-TO-CARD KIOSK
- ATM

RESTROOMS

- MEN'S RESTROOM
- WOMEN'S RESTROOM
- FAMILY RESTROOM

FOOD & DRINK

- BAR
- BEER
- SNACKS
- FROZEN SNACKS
- FROZEN DRINKS
- CHICKEN, BURRITO, PIZZA, BURGER

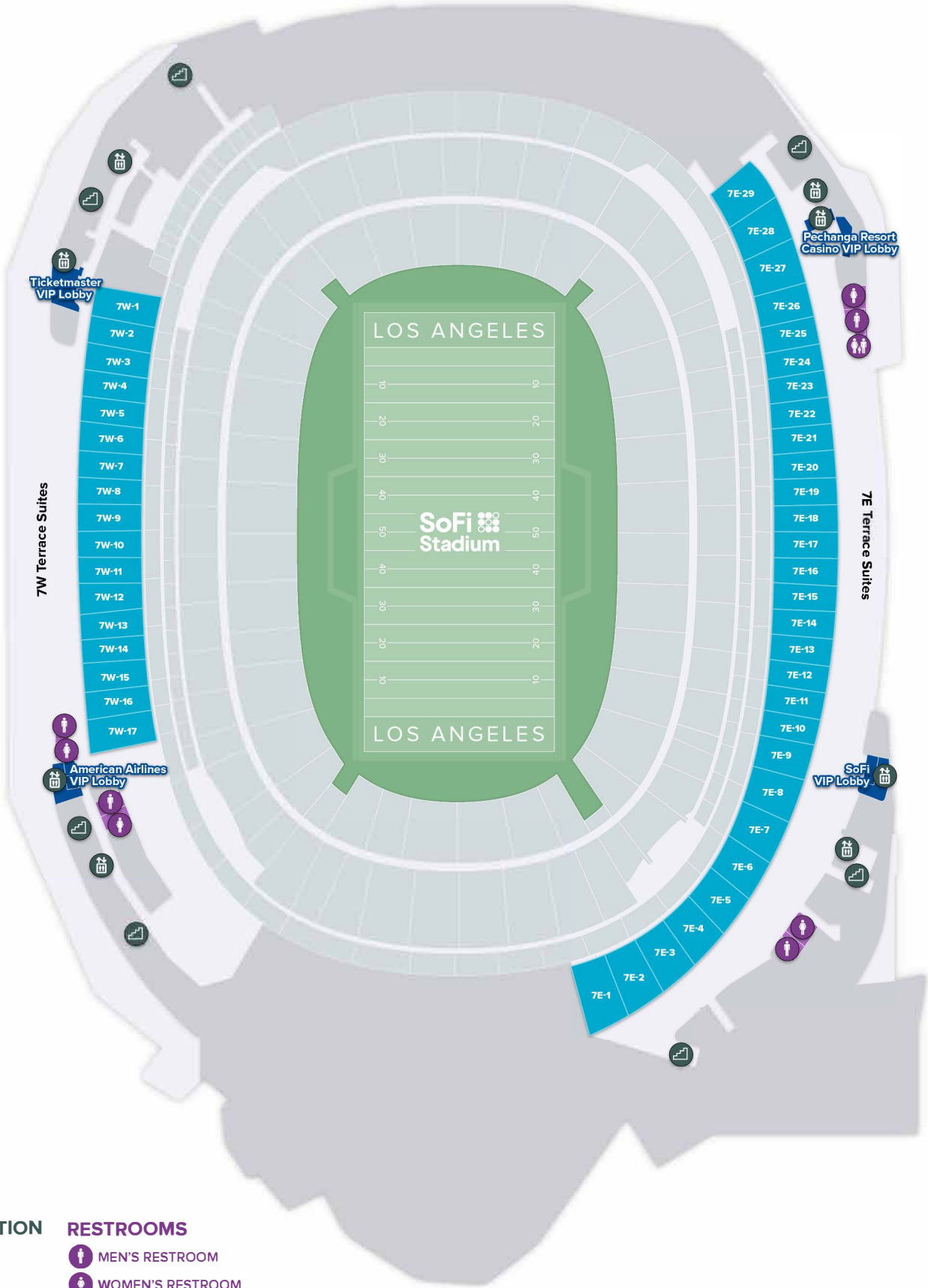
RETAIL

- TEAM STORE



SoFi Stadium

LEVEL 7 (Terrace Suites)



VERTICAL TRANSPORTATION

- ELEVATOR
- ESCALATOR
- STAIRS

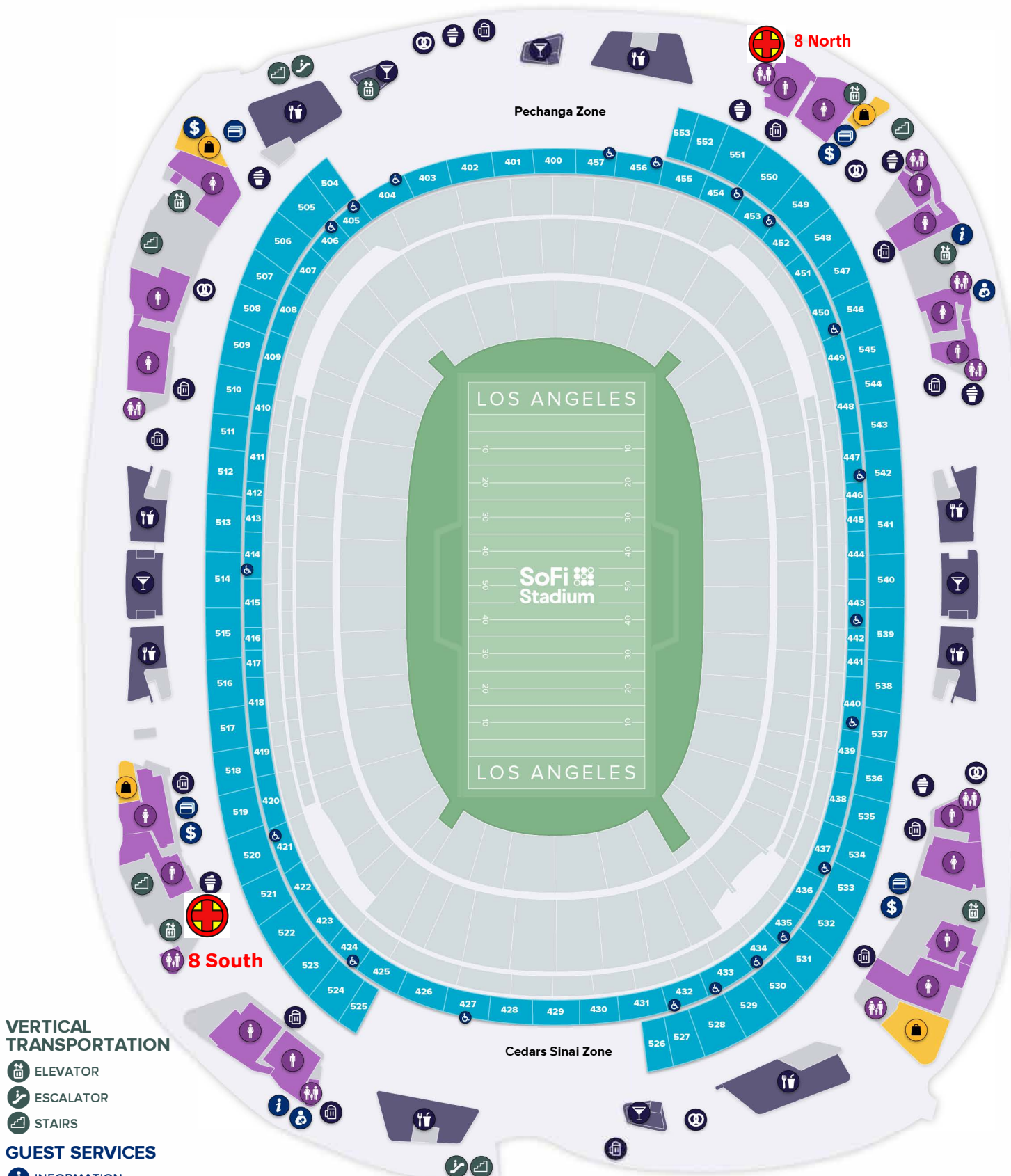
RESTROOMS

- MEN'S RESTROOM
- WOMEN'S RESTROOM
- FAMILY RESTROOM



SoFi Stadium

LEVEL 8 (Reserved Seats 400 & 500)



VERTICAL TRANSPORTATION

- ELEVATOR
- ESCALATOR
- STAIRS

GUEST SERVICES

- INFORMATION
- FIRST AID
- ADA SEATING
- MAMAVA LACTATION SUITES
- CASH-TO-CARD KIOSK
- ATM

RESTROOMS

- MEN'S RESTROOM
- WOMEN'S RESTROOM
- FAMILY RESTROOM

FOOD & DRINK

- BAR
- FROZEN SNACKS
- BEER
- CHICKEN, BURRITO, PIZZA, BURGER
- SNACKS

RETAIL

- TEAM STORE



EVENT PATIENT CARE REPORT

DATE 10/19/21 EVENT RAMS VS RAIDERS VENUE SoFi Stadium 5758

NAME LAST BOWIE FIRST DAVID MI R TELEPHONE NUMBER 8188220960 SECTION 101 ROW 001 SEAT 057

AGE 080 GENDER M F DOB 01/08/47 DRIVERS LICENSE OR ID # C2155150 STATE CA PT CONTACT TIME: 1935

SEVERITY NONE MILD MODERATE SEVERE
 Security On Scene: YES NO

(R) EYE INJURY -> BLURRED VISION

ARRIVED ON SCENE TO FIND A 80 YO ♂ SITTING IN THE LEVEL 4 VERIZON PLAZA IN MILD DISTRESS COVERING HIS (R) EYE. PT STATES THAT ANOTHER GUEST POKED HIM IN THE EYE WITH A STRAW. UPON EXAM, (R) EYE IS RED BUT NOT BLEEDING. PUPIL IS DILATED AND UNRESPONSIVE. PT STATES VISION IS BLURRED IN (R) EYE ONLY. PT DENIES ANY OTHER MEDICAL COMPLAINTS. NKA. NO HX NO MEDS. PT WALKED TO

REASSESSMENT GURNEY AND T-PORTED TO FIRST AID w/o CHANGE.

PUPILS	LOC	RESPIRATIONS	SKIN SIGNS
<input type="checkbox"/> PERL <input type="checkbox"/> Pinpoint <input type="checkbox"/> Fixed & Dilated <input checked="" type="checkbox"/> Unequal	<input checked="" type="checkbox"/> ALERT Oriented x <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> Not Alert <input type="checkbox"/> Combative <input type="checkbox"/> Normal for Patient	<input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> Wheezes <input type="checkbox"/> Rales <input type="checkbox"/> Rhonchi <input type="checkbox"/> Stridor <input type="checkbox"/> Unequal <input type="checkbox"/> JVD <input type="checkbox"/> APNEA <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> NORMAL rate/effort <input type="checkbox"/> Labored <input type="checkbox"/> Accessory Muscle Use TIDAL VOLUME <input type="checkbox"/> Normal <input type="checkbox"/> ↓ <input type="checkbox"/> ↑ <input type="checkbox"/> NORMAL <input type="checkbox"/> Hot <input type="checkbox"/> Cyanotic <input checked="" type="checkbox"/> Pale <input type="checkbox"/> Flushed <input type="checkbox"/> Cool/Cold <input type="checkbox"/> Jaundiced <input type="checkbox"/> Diaphoretic <input type="checkbox"/> Cap.Ref. _____

GCS	EYE OPENING	BEST MOTOR	BEST VERBAL	TREATMENT / PROCEDURES	TM#
<input checked="" type="checkbox"/> 4 = Spontaneous <input type="checkbox"/> 3 = To Verbal <input type="checkbox"/> 2 = To Pain <input type="checkbox"/> 1 = No Response	<input checked="" type="checkbox"/> 4 = Spontaneous <input type="checkbox"/> 3 = To Verbal <input type="checkbox"/> 2 = To Pain <input type="checkbox"/> 1 = No Response	<input checked="" type="checkbox"/> 6 = Obedient <input type="checkbox"/> 3 = Flexion <input type="checkbox"/> 5 = Purposeful <input type="checkbox"/> 2 = Extension <input type="checkbox"/> 4 = Withdrawal <input type="checkbox"/> 1 = No Response	<input checked="" type="checkbox"/> 5 = Oriented <input type="checkbox"/> 2 = Incomprehensible <input type="checkbox"/> 4 = Confused <input type="checkbox"/> 1 = No Response <input type="checkbox"/> 3 = Inappropriate	AED: <input type="checkbox"/> ANALYZE <input type="checkbox"/> DEFIB # OF SHOCKS _____ AIRWAY: <input type="checkbox"/> ORAL <input type="checkbox"/> NASAL BANDAGING/DRESSING <input checked="" type="checkbox"/> <u>2</u> BVM VENTILATION <input type="checkbox"/> CPR: <input type="checkbox"/> CPR START Time: <u>HHMM</u> Pulses with CPR <input type="checkbox"/> CPR STOP TIME: <u>HHMM</u> O2 <input type="checkbox"/> LPM <input type="checkbox"/> MASK <input type="checkbox"/> NC <input type="checkbox"/> BVM ORAL GLUCOSE <input type="checkbox"/> SPINAL IMMOBILIZATION <input type="checkbox"/> SPLINTING <input type="checkbox"/> OTHER: _____	_____ <u>2</u> _____ _____ _____ _____

VITAL SIGNS					
TIME	B/P	PULSE	RR	SPO2%	TM#
<u>1939</u>	<u>120/80</u>	<u>080</u>	<u>12</u>	<u>098</u>	<u>2</u>
<u>2000</u>	<u>122/80</u>	<u>082</u>	<u>12</u>	<u>099</u>	<u>2</u>
<u>HHMM</u>	<u>/</u>				
<u>HHMM</u>	<u>/</u>				

1ST PAIN SCALE 08 TIME 1937 2ND PAIN SCALE 07 TIME 2003

PATIENT TYPE	PATIENT DISPOSITION
<input type="checkbox"/> VENUE EMPLOYEE <input checked="" type="checkbox"/> PARTICIPANT <input type="checkbox"/> STAGE CREW <input type="checkbox"/> GUEST <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> Released Into Care of SELF <input type="checkbox"/> Released Into Care of FRIEND/RELATIVE <input type="checkbox"/> Released Into Care of SECURITY <input type="checkbox"/> Released Into Care of LAW ENFORCEMENT <input checked="" type="checkbox"/> TRANSPORTED TO ER <input type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS TRANSPORTING UNIT # <u>111</u> FACILITY NAME: <u>CNT</u> <input type="checkbox"/> REFUSED TREATMENT <input type="checkbox"/> REFUSED TRANSPORT <input type="checkbox"/> AMA OBTAINED <input type="checkbox"/> EVAL BY FD-SQ #: _____ <input checked="" type="checkbox"/> OTHER: <u>FIRST AID</u>

TRANSPORT UNIT REQUESTED	TEAM MEMBER INFO
<input checked="" type="checkbox"/> YES TIME: <u>2003</u> TRANSFER OF CARE TIME: <u>2015</u> TRANSPORT UNIT INCIDENT #: <u>17563</u>	NAME <u>HENDERSON, MIKE</u> BADGE# <u>106</u> StageL <input type="checkbox"/> StageR <input type="checkbox"/> Roving <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Other: <u>102</u> NAME <u>GRANADOS, DAVID</u> BADGE# <u>666</u> LAST, FIRST BADGE# NAME <u>LAST, FIRST</u> BADGE# <u>5</u> LAST, FIRST BADGE#

REPORT COMPLETED BY: TM# 1 SIGNATURE: [Signature]

RELEASED AT SCENE and REFUSAL AGAINST MEDICAL ADVICE FORM

PATIENT NAME DAVID BOWIE	DOB 01-08-47	DATE 10-19-21	TAG/RUN # 5758
------------------------------------	------------------------	-------------------------	--------------------------

RELEASED AT SCENE-After thorough assessment by EMS personnel, the individual does not appear to have a medical problem that requires immediate treatment and/or transportation.

REFUSING AGAINST MEDICAL ADVICE

The following apply to myself or the patient on whose behalf I legally sign this document (check all that apply):

- I AM REFUSING MEDICAL ASSESSMENT.
- I AM REFUSING MEDICAL TREATMENT.
- I AM REFUSING MEDICAL TRANSPORTATION.
- I HAVE RECEIVED MEDICAL ASSESSMENT AND TREATMENT, BUT DECLINE MEDICAL TRANSPORTATION.
- I HAVE RECEIVED MEDICAL ASSESSMENT, TREATMENT AND TRANSPORT TO AN EMERGENCY DEPARTMENT, BUT DECLINE ASSESSMENT AND TREATMENT FROM THE HOSPITAL THAT I WAS TRANSPORTED TO. *Complete the documentation boxes below:*

HOSPITAL NAME
N/A

NAME OF FACILITY STAFF NOTIFIED
N/A

I understand that the EMS personnel are not physicians and are not qualified or authorized to make a diagnosis and that their care is not a substitute for that of a physician. I recognize that I may have a serious injury or illness which could get worse without medical attention even though I (or the patient on whose behalf I legally sign this document) may feel fine at the present time. I understand that the worsening of my injury or illness could result in further harm and possibly death.

I understand that I may change my mind and call 9-1-1 if treatment, transport and/or assistance is needed later. I also understand that treatment is available at an emergency department 24 hours a day or from my physician. I understand that I have been directed to contact my personal physician as to my present condition as soon as possible.

I acknowledge that this advice has been explained to me by EMS personnel and that I have read this form completely and understand its provisions. I agree, on my own behalf (and the behalf of the patient for whom I legally sign this document) to release, indemnify and hold harmless all EMS providers and their officers, members and the employees or other agents from any claims, actions, causes of action, damages, or legal liabilities of any kind arising out of my decision, or from any act of omission of the EMS providers or their personnel or the hospital or their personnel.

SIGNATURE OF: <input checked="" type="checkbox"/> PATIENT <input type="checkbox"/> PARENT <input type="checkbox"/> LEGAL GUARDIAN DAVID BOWIE	PRINT NAME OF PARENT OR LEGAL GUARDIAN DAVID BOWIE
SIGNATURE OF WITNESS Luke Skywalker	PRINT NAME OF WITNESS LUKE SKYWALKER

PATIENT / GUARDIAN REFUSES TO SIGN: I attest that the patient / guardian has refused care and/or transportation by the EMS providers. The patient / guardian was informed of the risks of this refusal and refused to sign this form when asked by the EMS providers.

SIGNATURE OF WITNESS	PRINT NAME OF WITNESS
----------------------	-----------------------

PATIENT RELEASED IN CARE OR CUSTODY OF: SELF RELATIVE/FRIEND LAW ENFORCEMENT
 INTERPRETER USED: NO YES-NAME: _____



Declination of Evaluation

Print Name **X** DAVID BOWIE Date 10-19-2021
 Event RAMS VS RAIDERS Time 14:37
 Team 106 Location 6 WEST 1ST AID

At this time, I am making the informed decision to waive my right to be evaluated by a certified medical professional. I understand that I am requesting OTC medication or medical supply at this aid station and do not wish to be considered a patient or receive any medical evaluation at this time. I understand that I can change my mind and return to be medically evaluated at any time. I will not hold any member or organization affiliated with this aid station responsible for any adverse or unwanted reactions to the OTC medication or medical supply I am requesting.

Signature of requesting individual

X David Bowie

Medication(s) or Supplies requested:

ASPIRIN - 160MG X 1
1 ICE PACK

Form completed by (Print) M. HENDERSON

This form is to be turned in to supervision at the end of every shift.