

<p align="center">OSAA Pre-Event Safety Timeout</p> <p>Participants: Site Supervisor*, Home/Away Coach(s), Official(s), AD*, ATC*, Team Physician*, EMS* (*if present)</p> <p align="center">Questions:</p> <p><input type="checkbox"/> Who is the onsite contact for each school?</p> <p><input type="checkbox"/> Is there a qualified medical professional present? If not, who will lead in case of an emergency?</p> <p><input type="checkbox"/> Venue EAP: Who calls 911? Who meets EMS (and where)?</p> <p><input type="checkbox"/> Where's the nearest AED? Who will retrieve it?</p> <p><input type="checkbox"/> Environmental concerns? (Heat index, Air Quality, lightning)</p>	<p align="center">OSAA Pre-Event Safety Timeout</p> <p>Participants: Site Supervisor*, Home/Away Coach(s), Official(s), AD*, ATC*, Team Physician*, EMS* (*if present)</p> <p align="center">Questions:</p> <p><input type="checkbox"/> Who is the onsite contact for each school?</p> <p><input type="checkbox"/> Is there a qualified medical professional present? If not, who will lead in case of an emergency?</p> <p><input type="checkbox"/> Venue EAP: Who calls 911? Who meets EMS (and where)?</p> <p><input type="checkbox"/> Where's the nearest AED? Who will retrieve it?</p> <p><input type="checkbox"/> Environmental concerns? (Heat index, Air Quality, lightning)</p>
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Principal:	<input type="text"/>
Athletic Director:	<input type="text"/>
Trainer / Medical:	<input type="text"/>
Security:	<input type="text"/>
AED Location:	<input type="text"/>
Venue Address:	<input type="text"/>
EMS Access:	<input type="text"/>

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