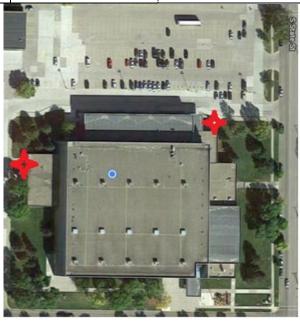
| - | | |
|--|---|--|
| Barnett Center Sports Medicine Emergency Action Protocol | | |
| THE RELIGION OF | SANFORD ORTHOPEDICS SPORTS MEDICINE | |
| Venue Address: | 1200 S Jay Street, Aberdeen, SD 57401 | |
| Venue Directions | From Highway 12, turn south onto S State St. Continue past 12th Ave SE, and you will see the Barnett Center on the west side of the street. Enter the parking lot on the north side of the building, and use the north entrance to access the building. | |
| 1. First responder designate specific individua | Il to call 911 or other emergency number consistent with organizational policies | |
| 2. Instruct emergency medical services (EMS) personnel to: | "Report to 1200 S Jay Street and meet sports medicine staff at the requested EMS access point as we have an injured student-athlete in need of emergency medical treatments." | |
| 3. Provide necessary information to EMS | Name, address, telephone number of caller | |
| personnel: | Number of victims; condition of victims | |
| | First-aid treatment initiated | |
| | Specific directions as needed to locate scene (included above) | |
| | Other information as requested by dispatcher | |
| 4. Provide appropriate emergency care until | Continue to monitor subject's vitals | |
| arrival of EMS personnel: | Provide necessary first-aid | |
| | Designate individual to retrieve emergency equipment (AED, splint kit, etc.) | |
| | Designate individual to "flag down" EMS and direct to scene | |
| | On arrival of EMS personnel, provide pertinent information and assist with emergency care as needed | |
| Additional Notes: | If appropriate, notify other sports medicine staff immediately | |
| | If appropriate, parents should be contacted by sports medicine staff | |
| | Inform coach(es) and administration Obtain medical history and insurance information | |
| | | |
| | Appropriate injury reports should be completed | |
| Emergency Telephone Numbers: | If no cellular phone is available, know ahead of time where the closest phone is located. | |
| Emergency Medical System | 911 | |
| Shannon Curtin, MS, ATC | Office-605-626-7733 Cell-605-261-3895 | |
| Lightning Emergency: | Establish chain of command that identifies a specific person make decisions to remove individuals from the field | |
| | Activity should be suspended until 30 minutes after the last lightning strike or sound of thunder | |
| | Identify safe locations to evacuate to in advance of event | |
| Emergency Equipment: | IF NO AED IS AVAILABLE CALL 911 | |
| | Athletic training medical bag, AED, and splint kit with athletic trainer located at medical headquarters. | |
| Approved Yearly: | Date: | |
| | ATC: | |
| | AD: | |
| | | |
| 1 | | |



| Barnett Cen | ter Pool Sports Medicine Emergency Action Protocol |
|---|---|
| | SANFORD ORTHOPEDIOS SPORTS MEDICINE |
| Venue Address: | 1200 S Jay Street, Aberdeen, SD 57401 |
| Venue Directions | From Highway 12, turn south onto S State St. Continue past 12th Ave SE, and you will see the Barnett Center on the west side of the street. Enter the parking lot on the north side of the building, and use the north entrance to access the building. |
| 1. First responder designate specific individua | I to call 911 or other emergency number consistent with organizational policies |
| 2. Instruct emergency medical services (EMS) personnel to: | "Report to 1200 S Jay Street and meet sports medicine staff at the north entrance of the Barnett Center as we have an injured student-athlete in need of emergency medical treatments." |
| 3. Provide necessary information to EMS | Name, address, telephone number of caller |
| personnel: | Number of victims; condition of victims |
| | First-aid treatment initiated |
| | Specific directions as needed to locate scene (included above) |
| | Other information as requested by dispatcher |
| 4 Bassids assessed assessed | Continue to monitor subject's vitals |
| 4. Provide appropriate emergency care until arrival of EMS personnel: | Provide necessary first-aid |
| • | Designate individual to retrieve emergency equipment (AED, splint kit, etc.) |
| | Designate individual to "flag down" EMS and direct to scene |
| | On arrival of EMS personnel, provide pertinent information and assist with emergency care as needed |
| Additional Notes: | If appropriate, notify other sports medicine staff immediately |
| | If appropriate, parents should be contacted by sports medicine staff |
| | Inform coach(es) and administration |
| | Obtain medical history and insurance information |
| | Appropriate injury reports should be completed |
| Emergency Telephone Numbers: | If no cellular phone is available, know ahead of time where the closest phone is located. |
| | 911 |
| Emergency Medical System Shannon Curtin, MS ATC | Office-605-626-7733 |
| Shannon Curun, MS ATC | Cell-605-261-3895 |
| Lightning Emergency: | Establish chain of command that identifies a specific person make decisions to remove individuals from the field |
| | Activity should be suspended until 30 minutes after the last lightning strike or sound of thunder |
| | Identify safe locations to evacuate to in advance of event |
| Emergency Equipment: | IF NO AED IS AVAILABLE CALL 911 |
| | Athletic training medical bag, AED, and splint kit with athletic trainer located at medical headquarters. |
| Approved Yearly: | Date: |
| , | ATC: |
| | AD: |
| orthern S Universit | May Overby Elementary School Kremer Hall 15th Ave SE 15th Ave SE |

| Fossum Field Sports Medicine Emergency Action Protocol | | |
|--|--|--|
| | SANFORD ORTHOPEDICS SPORTS MEDICINE | |
| Venue Address: | 3800 8th Ave. NE, Aberdeen, SD, 57401 | |
| Venue Directions | From 290th Ave. turn west onto 8th Ave NE. The field will be on the north side of the street. Enter the field using the northwest entrance by the stands. | |
| 1. First responder designate specific individua | I to call 911 or other emergency number consistent with organizational policies | |
| 2. Instruct emergency medical services (EMS) personnel to: | "Report to 3800 8th Ave. NE and meet sports medicine staff at the northwest entrance as we have an injured student-athlete in need of emergency medical treatments." | |
| 3. Provide necessary information to EMS | Name, address, telephone number of caller | |
| personnel: | Number of victims; condition of victims | |
| | First-aid treatment initiated | |
| | Specific directions as needed to locate scene (included above) | |
| | Other information as requested by dispatcher | |
| 4. Provide appropriate emergency care until | Continue to monitor subject's vitals | |
| arrival of EMS personnel: | Provide necessary first-aid | |
| | Designate individual to retrieve emergency equipment (AED, splint kit, etc.) | |
| | Designate individual to "flag down" EMS and direct to scene | |
| | On arrival of EMS personnel, provide pertinent information and assist with emergency care as needed | |
| Additional Notes: | If appropriate, notify other sports medicine staff immediately | |
| | If appropriate, parents should be contacted by sports medicine staff | |
| | Inform coach(es) and administration | |
| | Obtain medical history and insurance information | |
| | Appropriate injury reports should be completed | |
| Emergency Telephone Numbers: | If no cellular phone is available, know ahead of time where the closest phone is located. | |
| Emergency Medical System | 911 | |
| Shannon Curtin, MS ATC | Office-605-626-7733 Cell-605-261-3895 | |
| Lightning Emergency: | Establish chain of command that identifies a specific person make decisions to remove individuals from the field | |
| | Activity should be suspended until 30 minutes after the last lightning strike or sound of thunder | |
| | Identify safe locations to evacuate to in advance of event | |
| Emergency Equipment: | IF NO AED IS AVAILABLE CALL 911 | |
| | Athletic training medical bag, AED, and splint kit with athletic trainer located at medical headquarters. | |
| Approved Yearly: | Date: | |
| | ATC: | |
| | AD: | |
| 1 | ter consenses | |



| Football & Soccer Athletic & Recreation Fields Sports Medicine Emergency Action Protocol | Football & Soccer | Athletic & Recrea | tion Fields Sports | Medicine Emerger | ncv Action Protocol |
|--|-------------------|-------------------|--------------------|------------------|---------------------|
|--|-------------------|-------------------|--------------------|------------------|---------------------|

SANFORD

| | DANFIRD DRTHOPEDIDS SPORTS MEDICINE | |
|--|--|--|
| Venue Address: | 1216 South Penn St, Aberdeen, SD, 57401 | |
| Venue Directions | From Highway 12, turn south onto South Dakota St. Continue to 12th Ave SE and turn west onto 12th Ave. SE. Turn south on S. Penn St. The soccer field will be on the south side of the road. Enter the field through the north gate, just off of S. Penn St. | |
| 1. First responder designate specific individua | al to call 911 or other emergency number consistent with organizational policies | |
| 2. Instruct emergency medical services (EMS) personnel to: | "Report to 1216 South Penn St. and meet sports medicine staff at the north gate which is the north side of the field just of S. Penn St as we have an injured student-athlete in need of emergency medical treatments." | |
| 3. Provide necessary information to EMS | Name, address, telephone number of caller | |
| personnel: | Number of victims; condition of victims | |
| | First-aid treatment initiated | |
| | Specific directions as needed to locate scene (included above) | |
| | Other information as requested by dispatcher | |
| 4 Dravida amazanziata amazanan arazantil | Continue to monitor subject's vitals | |
| 4. Provide appropriate emergency care until arrival of EMS personnel: | Provide necessary first-aid | |
| | Designate individual to retrieve emergency equipment (AED, splint kit, etc.) | |
| | Designate individual to "flag down" EMS and direct to scene | |
| | On arrival of EMS personnel, provide pertinent information and assist with emergency care as needed | |
| Additional Notes: | If appropriate, notify other sports medicine staff immediately | |
| | If appropriate, parents should be contacted by sports medicine staff | |
| | Inform coach(es) and administration | |
| | Obtain medical history and insurance information | |
| | Appropriate injury reports should be completed | |
| Emergency Telephone Numbers: | If no cellular phone is available, know ahead of time where the closest phone is located. | |
| Emergency Medical System | 911 | |
| Shannon Curtin, MS, ATC | Office-605-626-7733 Cell-605-261-3895 | |
| Lightning Emergency: | Establish chain of command that identifies a specific person make decisions to remove individuals from the field | |
| | Activity should be suspended until 30 minutes after the last lightning strike or sound of thunder | |
| | Identify safe locations to evacuate to in advance of event | |
| Emergency Equipment: | IF NO AED IS AVAILABLE CALL 911 | |
| | Athletic training medical bag, AED, and splint kit with athletic trainer located at medical headquarters. | |
| Approved Yearly: | Date: | |
| · · · | ATC: | |
| | AD: | |
| The second secon | The state of the s | |



| Moccasin Creek S | oftball Complex Sports Medicine Emergency Action Protocol |
|---|--|
| | SANFORD ORTHOPEDICS SPORTS MEDICINE |
| Venue Address: | 1202 10th Ave. SE, Aberdeen, SD 57401 |
| Venue Directions | From Highway 12, turn south onto South Dakota St. Continue to 10th Ave SE and turn east. Take your first right onto Cochrane St. S and the field will be on your right-hand side. Enter the field using either the east or south entrance. |
| 1. First responder designate specific individua | Il to call 911 or other emergency number consistent with organizational policies |
| 2. Instruct emergency medical services (EMS) personnel to: | "Report to 1202 10th Ave. SE and meet sports medicine staff at the south or east entrance as we have an injured student-athlete in need of emergency medical treatments." |
| 3. Provide necessary information to EMS | Name, address, telephone number of caller |
| personnel: | Number of victims; condition of victims |
| | First-aid treatment initiated |
| | Specific directions as needed to locate scene (included above) |
| | Other information as requested by dispatcher |
| 1 B | Continue to monitor subject's vitals |
| 4. Provide appropriate emergency care until arrival of EMS personnel: | Provide necessary first-aid |
| | Designate individual to retrieve emergency equipment (AED, splint kit, etc.) |
| | Designate individual to "flag down" EMS and direct to scene |
| | On arrival of EMS personnel, provide pertinent information and assist with emergency care as needed |
| Additional Notes: | If appropriate, notify other sports medicine staff immediately |
| | If appropriate, parents should be contacted by sports medicine staff |
| | Inform coach(es) and administration |
| | Obtain medical history and insurance information |
| | Appropriate injury reports should be completed |
| Emergency Telephone Numbers: | If no cellular phone is available, know ahead of time where the closest phone is located. |
| Emergency Medical System | 911 |
| Shannon Curtin, MS, ATC | Office-605-626-7733 Cell-605-261-3895 |
| Lightning Emergency: | Establish chain of command that identifies a specific person make decisions to remove individuals from the field |
| | Activity should be suspended until 30 minutes after the last lightning strike or sound of thunder |
| | Identify safe locations to evacuate to in advance of event |
| Emergency Equipment: | IF NO AED IS AVAILABLE CALL 911 |
| | Athletic training medical bag, AED, and splint kit with athletic trainer located at medical headquarters. |
| Approved Yearly: | Date: |
| | ATC: |
| | AD: |
| | |



| Swisher Field Track & | Field Event/Practice S | Sports Medicine Emergency Action Protocol | |
|--|--|--|--|
| | to the state of the state of the | SANFORD DRITHOPEDICS SPORTS MEDICINE | |
| Venue Address: | 2200 S Roosevelt Street, Aberdee | en, SD 57401 | |
| Venue Directions | | S Roosevelt St. Continue past E Melgaard Rd and you will see Central High n the west side of the road. Continue through the parking lot on the north side of | |
| | | | |
| | First responder designate specific individual to call 911 or other emergency number consistent with organizational policies | | |
| 2. Instruct emergency medical services (EMS) personnel to: | "Report to 2200 S Roosevelt Street and meet sports medicine staff at northwest entrance of the field as we have an injured student-athlete in need of emergency medical treatments." | | |
| 3. Provide necessary information to EMS | Name, address, telephone number of caller | | |
| personnel: | Number of victims; condition of victims | | |
| | First-aid treatment initiated | | |
| | Specific directions as needed to locate scene (included above) | | |
| | Other information as requested by | y dispatcher | |
| 4. Provide appropriate emergency care until | Continue to monitor subject's vital | Is | |
| arrival of EMS personnel: | Provide necessary first-aid | | |
| | Designate individual to retrieve er | mergency equipment (AED, splint kit, etc.) | |
| | Designate individual to "flag dowr | " EMS and direct to scene | |
| | On arrival of EMS personnel, prov | vide pertinent information and assist with emergency care as needed | |
| Additional Notes: | If appropriate, notify other sports medicine staff immediately | | |
| | If appropriate, parents should be | contacted by sports medicine staff | |
| | Inform coach(es) and administrati | ion | |
| | Obtain medical history and insura | ince information | |
| | Appropriate injury reports should | be completed | |
| Emergency Telephone Numbers: | If no cellular phone is available, k | now ahead of time where the closest phone is located. | |
| Emergency Medical System | 911 | | |
| Shannon Curtin, MS, ATC | Office-605-626-7733 Cell-605-261-3895 | | |
| Lightning Emergency: | Establish chain of command that identifies a specific person make decisions to remove individuals from the field | | |
| | Activity should be suspended unti | il 30 minutes after the last lightning strike or sound of thunder | |
| | Identify safe locations to evacuate | e to in advance of event | |
| Emergency Equipment: | AED located in the building on the north side of the complex | | |
| | Athletic training medical bag and | splint kit with athletic trainer located at medical headquarters. | |
| Approved Yearly: | Date: | | |
| | ATC: | | |
| | AD: | | |
| | | S Ross | |



| YMCA Swimi | ming Pool Sports Medicine Emergency Action Protocol | | |
|---|--|--|--|
| | SANF#RD DRTHOPEDIOS SPORTS MEDICINE | | |
| Venue Address: | YMCA Pool 5 S. State Street, Aberdeen, SD 57401 | | |
| Venue Directions | From Highway 12, turn north onto S State St. Continue to 1st Ave SE and turn right. Aberdeen Family YMCA will be on your left-hand side. Continue to the south end of the building to enter. | | |
| 1. First responder designate specific individua | Il to call 911 or other emergency number consistent with organizational policies | | |
| 2. Instruct emergency medical services (EMS) personnel to: | "Report to Aberdeen Family YMCA on S State Street and meet sports medicine staff at the south entrance as we have an injured student-athlete in need of emergency medical treatments." | | |
| 3. Provide necessary information to EMS | Name, address, telephone number of caller | | |
| personnel: | Number of victims; condition of victims | | |
| | First-aid treatment initiated | | |
| | Specific directions as needed to locate scene (included above) | | |
| | Other information as requested by dispatcher | | |
| | Continue to monitor subject's vitals | | |
| 4. Provide appropriate emergency care until arrival of EMS personnel: | Provide necessary first-aid | | |
| | Designate individual to retrieve emergency equipment (AED, splint kit, etc.) | | |
| | Designate individual to "flag down" EMS and direct to scene | | |
| | On arrival of EMS personnel, provide pertinent information and assist with emergency care as needed | | |
| Additional Notes: | | | |
| Additional Notes. | If appropriate, notify other sports medicine staff immediately | | |
| | If appropriate, parents should be contacted by sports medicine staff | | |
| | Inform coach(es) and administration | | |
| | Obtain medical history and insurance information | | |
| | Appropriate injury reports should be completed | | |
| Emergency Telephone Numbers: | If no cellular phone is available, know ahead of time where the closest phone is located. | | |
| Emergency Medical System | 911 | | |
| Shannon Curtin, MS, ATC | Office-605-626-7733 Cell-605-261-3895 | | |
| Lightning Emergency: | Establish chain of command that identifies a specific person make decisions to remove individuals from the field | | |
| | Activity should be suspended until 30 minutes after the last lightning strike or sound of thunder | | |
| | Identify safe locations to evacuate to in advance of event | | |
| Emergency Equipment: | IF NO AED IS AVAILABLE CALL 911 | | |
| | Athletic training medical bag, AED, and splint kit with athletic trainer located at medical headquarters. | | |
| Approved Yearly: | Date: | | |
| , | ATC: | | |
| | AD: | | |
| | Aberdean Family YMOA | | |
| | | | |

1st Ave SE

| Dakota Hall Gymnasium Sports Medicine Emergency Action Protocol | | | |
|---|--|--|--|
| | SANFORD ORTHOPEDICS SPORTS MEDICINE | | |
| Venue Address: | Dakota Hall 1200 S. Jay St. Aberdeen SD 57401 | | |
| Venue Directions | From Highway 12, turn south onto S State St. take right-hand turn at 12 th Ave. SE. Continue down road until you see Dakota Hall on south side of street. Park on the north side of the building in visitor parking, and use the north entrance to access the building. | | |
| | Il to call 911 or other emergency number consistent with organizational policies | | |
| Instruct emergency medical services (EMS) personnel to: | "Report to Dakota Hall Gymnasium and meet sports medicine staff at North Entrance as we have an injured student-athlete in need of emergency medical treatments." | | |
| | Name, address, telephone number of caller | | |
| 3. Provide necessary information to EMS personnel: | Number of victims; condition of victims | | |
| | First-aid treatment initiated | | |
| | Specific directions as needed to locate scene (included above) | | |
| | Other information as requested by dispatcher | | |
| | Continue to monitor subject's vitals | | |
| 4. Provide appropriate emergency care until arrival of EMS personnel: | Provide necessary first-aid | | |
| · | Designate individual to retrieve emergency equipment (AED, splint kit, etc.) | | |
| | Designate individual to "flag down" EMS and direct to scene | | |
| | On arrival of EMS personnel, provide pertinent information and assist with emergency care as needed | | |
| Additional Notes: | If appropriate, notify other sports medicine staff immediately | | |
| | If appropriate, parents should be contacted by sports medicine staff | | |
| | Inform coach(es) and administration | | |
| | Obtain medical history and insurance information | | |
| | Appropriate injury reports should be completed | | |
| Emergency Telephone Numbers: | If no cellular phone is available, know ahead of time where the closest phone is located. | | |
| Emergency Medical System | 911 | | |
| Shannon Curtin, MS, ATC | Office-605-626-7733 Cell-605-261-3895 | | |
| Lightning Emergency: | Establish chain of command that identifies a specific person make decisions to remove individuals from the field | | |
| | Activity should be suspended until 30 minutes after the last lightning strike or sound of thunder | | |
| | Identify safe locations to evacuate to in advance of event | | |
| Emergency Equipment: | IF NO AED IS AVAILABLE CALL 911 | | |
| | AED is located in hallway next to gymnasium mounted to wall | | |
| | Athletic training medical bag, AED, and splint kit with athletic trainer located at medical headquarters. | | |
| Approved Yearly: | Date: | | |
| | ATC: | | |
| | AD: | | |
| | | | |



Dacotah Bank Stadium Sports Medicine Emergency Action Protocol

SANFORD

| Venue Address: | 1200 S Jay St Aberdeen, SD 57401 | | |
|--|---|--|--|
| Venue Directions | From Highway 12, turn onto S State St. and continue straight. The stadium will be on the right-hand side of the street just past the Barnett Center | | |
| 1. First responder designate specific individual | to call 911 or other emergency number consistent with organizational policies | | |
| 2. Instruct emergency medical services (EMS) personnel to: | "Report to 1200 S Jay St and meet sports medicine staff at the east entrance of the stadium along State St. as we have an injured student-athlete in need of emergency medical treatments." | | |
| 3 Provide necessary information to EMS | Name, address, telephone number of caller | | |
| 3. Provide necessary information to EMS personnel: | Number of victims; condition of victims | | |
| | First-aid treatment initiated | | |
| | Specific directions as needed to locate scene (included above) | | |
| | Other information as requested by dispatcher | | |
| 4. Provide appropriate emergency care until | Continue to monitor subject's vitals | | |
| arrival of EMS personnel: | Provide necessary first-aid | | |
| | Designate individual to retrieve emergency equipment (AED, splint kit, etc.) | | |
| | Designate individual to "flag down" EMS and direct to scene | | |
| | On arrival of EMS personnel, provide pertinent information and assist with emergency care as needed | | |
| Additional Notes: | If appropriate, notify other sports medicine staff immediately | | |
| | If appropriate, parents should be contacted by sports medicine staff | | |
| | Inform coach(es) and administration | | |
| | Obtain medical history and insurance information | | |
| | Appropriate injury reports should be completed | | |
| Emergency Telephone Numbers: | If no cellular phone is available, know ahead of time where the closest phone is located. 911 | | |
| Emergency Medical System | Office-605-626-7733 | | |
| Shannon Curtin MS, ATC | Cell-605-261-3895 | | |
| Lightning Emergency: | Establish chain of command that identifies a specific person make decisions to remove individuals from the field | | |
| | Activity should be suspended until 30 minutes after the last lightning strike or sound of thunder | | |
| | Identify safe locations to evacuate to in advance of event | | |
| Emergency Equipment: | IF NO AED IS AVAILABLE CALL 911 | | |
| | Athletic training medical bag, AED, and splint kit with athletic trainer located at medical headquarters. | | |
| Approved Yearly: | Date: | | |
| | ATC: | | |
| | AD: | | |



Koehler Hall of Fame Field Sports Medicine Emergency Action Protocol

SANFORD ORTHOPEDICS SPORTS MEDICINE

| Venue Address: | 1200 S Jay St Aberdeen, SD 57401 | |
|--|---|--|
| Venue Directions | From Highway 12, turn onto S State St. and continue straight. Turn Right onto 17 th St. and turn into the parking lot behind the complex. | |
| Vollad Billocatoric | bening the complex. | |
| 1. First responder designate specific individual to | o call 911 or other emergency number consistent with organizational policies | |
| 2. Instruct emergency medical services (EMS) personnel to: | "Report to 1200 S Jay St and meet sports medicine staff at the southwest side of the field at top of the 1st base side dugout in the west parking lot as we have an injured student-athlete in need of emergency medical treatments." | |
| 3. Provide necessary information to EMS | Name, address, telephone number of caller | |
| personnel: | Number of victims; condition of victims | |
| | First-aid treatment initiated | |
| | Specific directions as needed to locate scene (included above) | |
| | Other information as requested by dispatcher | |
| 4. Provide appropriate emergency care until | Continue to monitor subject's vitals | |
| arrival of EMS personnel: | Provide necessary first-aid | |
| | Designate individual to retrieve emergency equipment (AED, splint kit, etc.) | |
| | Designate individual to "flag down" EMS and direct to scene | |
| | On arrival of EMS personnel, provide pertinent information and assist with emergency care as needed | |
| Additional Notes: | If appropriate, notify other sports medicine staff immediately | |
| | If appropriate, parents should be contacted by sports medicine staff | |
| | Inform coach(es) and administration | |
| | Obtain medical history and insurance information | |
| | Appropriate injury reports should be completed | |
| Emergency Telephone Numbers: | If no cellular phone is available, know ahead of time where the closest phone is located. | |
| Emergency Medical System | 911 | |
| Shannon Curtin MS, ATC | Call any athletic trainer whose number you have | |
| Lightning Emergency: | Establish chain of command that identifies a specific person make decisions to remove individuals from the field | |
| | Activity should be suspended until 30 minutes after the last lightning strike or sound of thunder | |
| | Identify safe locations to evacuate to in advance of event | |
| Emergency Equipment: | IF NO AED IS AVAILABLE CALL 911 | |
| | Athletic training medical bag, AED, and splint kit with athletic trainer located at medical headquarters. | |
| Approved Yearly: | Date: | |
| | ATC: | |
| | AD: | |

