Cast & Crew

CAPS
A Cast & Crew Entertainment Company

media services

Right of Refusal of Medical Aid

PRODUCTION/EVENT COMPANY _____

PROJECT/EVENT TITLE _____

This form has been given to you because you have refused or declined an initial offer of treatment or transportation for medical treatment to a health provider.

I, _____hereby refuse the first aid treatment or transportation for medical treatment to a health provider for the illness or injury incurred by me on this date_____.

In signing this waiver, I relieve the production/event company and Cast & Crew/CAPS from any and all liability or damages resulting from this refusal to accept such first aid treatment.

_____

Employee Name (Print or Type) Job Title or Position

_____

Employee Signature Date

_____

Supervisor Signature Supervisor Name (printed)

_____

Medic Signature Medic Name (printed)

Should your condition require further medical treatment, please contact Cast & Crew immediately at workcomp@castandcrew.com. Please submit via email or fax the completed copy of this form to Cast & Crew within 24 hours of knowledge of injury.

Cast & Crew Entertainment Services, LLC- Workers' Compensation
Department Tel: 818.738.9351 Fax: 818.848.4614 workcomp@castandcrew.com