**EVENT INFORMATION**

|  |  |
| --- | --- |
| Event Name: |  |
| Organisation Name: |  |
| Event Type: |  |
| Dates: |  |
| Venue: |  |
| Address: |  |

**PRIMARY EVENT CONTACTS**

|  |  |
| --- | --- |
| Event Director Name: |  |
| Phone (Mobile): |  |
| Email: |  |
| Medical Leader: |  |
| Phone (Mobile): |  |
| Email: |  |

**NEAREST HOSPITAL**

|  |  |
| --- | --- |
| Hospital Name: |  |
| Address: |  |
| Phone: |  |
| Distance from Venue: |  |
| Non-Emergency Number: |  |

**FIRST AID INFORMATION**

|  |  |
| --- | --- |
| First Aid Provider: |  |
| Contact Name: |  |
| Phone: |  |

**EMERGENCY CONTACTS**

|  |  |  |
| --- | --- | --- |
|  | CALL PERSON | CHARGE PERSON |
| NAME: |  |  |
| PHONE: |  |  |
| EMAIL: |  |  |

**IN THE EVENT OF A LIFE-THREATENING EMERGENCY CALL 9-1-1**

**EMERGENCY INSTRUCTIONS**

Please outline instructions to assist emergency responders who may need to access an emergency at your event.

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**INCLEMENT WEATHER**

Please outline procedures in the event of an inclement weather occurrence (i.e. notification to participants and spectators, shelter in place location etc.)

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|  |

**ATTACHMENTS**

* Map of Venue
* Additional Information