



East Anglia E.M.S Medical Cover Request Form

Please answer all questions in bold type, and complete all *un-shaded* areas (both pages).

Name of Event		Dates of Event	
Nature of Event			
Location / Address of Venue, Include Post Code			
Site Access Time		Multiple Event Dates	/ / To / /
Event Start Time		Organising Body	
Event Finish Time		Type of Terrain	
EMS Leaving time		Number of Sites	

Contact Name		Contact Tel. No.	Day Evening		
Contact Address		Mobile		
			At Event	
				
Post Code		E-mail:			
		Fax No:			

Activities Planned <i>(Please Describe)</i>					
Overnight camping?	Yes/No	Marquees?	Yes/No	Temp structures?	Yes/No
Expected number attending site at <i>any one time</i>	Public Participants	Time of year of the event	Autumn Spring	Summer Winter	
Anticipated queuing time?	Hrs	Covered Area Outside?	Yes / No		
Is there any information regarding casualties from previous events	Yes / No	Are there any operational plans or emergency plans we need copies of?			Yes / No
Crowd Profile Anticipated	Crowd Arena Area		Additional hazards on site		
Full mix in family groups		Seated only		Carnival or Fun fair	
Full mix not in family groups		Mixed		Fire works or pyrotechnics	
Children and teenagers		Standing only		Helicopter rides	
Young adults		Picnic / grassed area		Aircraft or Parachute display	
Elderly		Sloped / Hilly area		Motor sport activities	
Full mix but rival factions		River / Lake nearby		On site bar	
Any other hazards we should be aware of – Please be as specific as possible					

Emergency Service Information

Have the following been informed of the event	Fire Yes / No	Police Yes / No	Ambulance Yes / No
Are the following services on site for the event	Fire Yes / No	Police Yes / No	Ambulance Yes / No
Nearest A&E Hospital + Post Code			

