

# Samaritan First Response & Rescue Service

## Request for Event Medical Services

Contact Information			
Name of Company/Organization:			
Mailing Address:			
City/Town:	Prov.	ON	Postal Code
Name of Coordinator/Organizer:			
Phone Number:	Phone Type	Home <input type="checkbox"/>	Office <input type="checkbox"/>
Secondary Phone Number:	Phone Type	Home <input type="checkbox"/>	Office <input type="checkbox"/>
Contact Number on day of event:			
Email:			
Billing information if different from above:			

Event Details			
Event Name:			
Location/Address of event:			
Date(s) of event:	Set-up time:		
Start time:	Finish time:	Dismiss time:	
Total number of people expected: (Staff, volunteers, spectators, participants, etc.)			
Where does event take place:	Inside <input type="checkbox"/>	Outside <input type="checkbox"/>	Hybrid <input type="checkbox"/>
Description of event: (Walk route, vendors, other activities)	Weather dependant <input type="checkbox"/>		
Site map/floor layout attached:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>Water Rescue</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is there open bodies of water in or around the event area:	Describe:		
Does your event carry risk of drug use:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are Emergency Services booked for event:	Police <input type="checkbox"/>	Fire Dept. <input type="checkbox"/>	Paramedic Services <input type="checkbox"/>
Do you need EMS on site as an insurance requirement:	Other EMS <input type="checkbox"/> Please list other:		
Restrooms available on site:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Meals and refreshments provided on-site:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Will Alcohol be served:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does your event require security Yes <input type="checkbox"/>
Event Type:	Charity <input type="checkbox"/>	Sporting <input type="checkbox"/>	Entertainment <input type="checkbox"/>
Standard services for all events:	Community Gathering <input type="checkbox"/>	City Sponsored <input type="checkbox"/>	Private <input type="checkbox"/>
Additional Services Request: (Mark applicable options)  \$= Additional cost	Other <input type="checkbox"/> Stationary/Checkpoint, Mobile patrol by foot, Tent with equipment, Event Safety plan, Emergency plan, Assistance crossing streets for events on sidewalks, Medical kits, Medical Tent, Table, Chairs, Responders with Radios <ul style="list-style-type: none"> <li>• Risk assessment <input type="checkbox"/></li> <li>• Event planning assistance (Have an EMS member on planning board as the health and Safety rep) <input type="checkbox"/></li> <li>• Ambulance Request <input type="checkbox"/> \$300 (daily flat rate)</li> <li>• Supervisor Request <input type="checkbox"/> \$45/hour</li> <li>• Road closure assistance (Approved by Police) <input type="checkbox"/></li> <li>• ATV patrol and response (Applicable to local by-laws) <input type="checkbox"/> \$150 (daily flat rate)</li> <li>• Support Trailer w/dispatcher (Applicable to event size) <input type="checkbox"/> \$200 (Daily flat rate)</li> <li>• Security Services provided through partnership <input type="checkbox"/> \$30/hour (Base)</li> </ul>		
Services not provided by SFRRS:	Handling money, Taking tickets, Running/supervising event programs		

Requested EMS Teams: 2 personnel/team	1 team <input type="checkbox"/>	2 teams <input type="checkbox"/>	3 teams <input type="checkbox"/>	4 teams <input type="checkbox"/>
Requested Security Guards (Through Partnership)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>
	9 <input type="checkbox"/>	10+ <input type="checkbox"/>		