



Event Medical Cover Booking/Enquiry Form

Event Name and type:			Is the event indoors or outdoors?
Name of Event Organiser			Contact No:
Event Organiser Email Address:			
Address of Event (if multiple please see below):			
		Postcode	
Date: (if multiple please see below):			
Approx. number of participants/spectators:			
Start time of event:		End time of event:	
Start time of Medics:		End time of Medics:	
Contact Name/Phone Number on the day:			
Web address for information on event:			
Number of Medics required:			
Is there a minimum level of expertise of Medical Care required for this event? Please refer to Terms and Conditions for guidance.	Lifeguard (Water Events)	Medics	Paramedics with/without drugs
Do you require medic staff to be mobile?	YES (See below)		NO (all static first aiders)
Which vehicle do you require?	Ambulance (Additional charges will apply)	Medics Own Car (Medics can only use their vehicle to get to the patient, NOT to convey please refer to section 12.2 in our terms and conditions) (Additional charges will apply)	
Does your event have low, medium or high levels of incidents?	Low casualty rate (<2%) Med casualty rate (2-6%) High Casualty rate (6%) First Event / no data		
What were the provisions for cover last year? If this is your first year what do you believe is the correct provision from your Risk Assessment?			



<p>Does your Risk Assessment highlight any specifics we need to know about before the day? We require copies of the risk assessment and details of In Case of Emergency Cards (ICE), Maps, Medics positions, Extraction Points.</p>	
<p>If your event is a race what Governing Body sanctions the race? (Where applicable) Are you taking advice from any publications regarding your event, i.e. The Purple Guide, UKA Race Guidelines, Managing Crowds Safely (HSG154), Guide to Safety at Sports Grounds or similar?</p>	
<p>If yes to above, what is their recommendation as to the provisions for First Aid/Medic care?</p>	
<p>Other event information</p>	

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Accounts information

Company Name:			
Invoicing Address:			
	Postcode:		
Your order/ ref number:			
Accounts Contact Name/No:			
Accounts email address:			

Signed by.....

Date:.....



Multiple Dates

(Only complete if there are multiple events with the same requirements, if additional requirements are needed please fill out a complete booking form)

Event Name	Date	Location (including postcode)	Times required	No of medics required	4x4 Ambulance required?	On the day contact

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I have read and accepted the event organiser Terms and Conditions:

Name:

Position Held:

Signature:

Date:

Office Use Only

Received Documentation	Yes/No
Maps of Event	
Copy ICE Cards	
Extraction Points	
Events Risk Assessments	
Emergency Action Plan	
Competitors Medical Conditions (if known)	