EMERGENCY MEDICAL PLAN
REQUIRED INFORMATION
(Complete Prior to Activity/Event)

1. The closest working phone is located at: _____

_____

2. Keys to access phone are located at: _____

_____

3. 911 is/is not (circle one) available. The alternate number to call is: _____

Which will contact: _____
(NAME)

4. The exact address of the activity site is: _____

   The major cross streets are _____ and _____
   Which is _____ blocks away.

5. The exact entry location for the closest emergency vehicle is: _____

6. The distance from emergency vehicle station to activity is _____ and normal response time is _____.

7. To access the activity area, emergency personnel must pass through _____ exterior gate(s) and
   Number
   _____ door(s). Keys to unlock these passageways will be at the activity site in the
   Number
   possession of _____.
   (Name)

8. The designated health care provider/first rider for the activity is _____.
   (Name)

9. The closest emergency care facility is _____, which is
   (Name)
   _____ from activity site. Normal travel time is _____
   (Distance)

10. The closest Trauma I facility is _____, which is
    (Name)
    _____ from activity site. Normal travel time is _____.
    (Distance)