

EVENT PARAMEDIC SERVICES

BOOKING FORM

PLEASE COMPLETE AS MANY FIELDS AS POSSIBLE AS THIS WILL ASSIST US IN ARRANGING YOUR MEDICAL REQUIREMENTS

Event details

Name of event

Date of event

Name of organising body

Contact details

Contact name

Contact address

Postal code

Contact telephone number

Day

Evening

Mobile

At event

Access time

Start time

Finish time

Nature of event

Activities planned

Venue details

Address of venue

Type of venue and terrain (if outdoors)

Number of sites

Overnight camping Y / N

Tents Y / N

Marquees Y / N

Please include map of large events and any risk assessments that have been undertaken

Attendees

Expected maximum at any one time - Public Participants

General questions

Are toilet facilities available on site? Y / N

Does your public liability insurance stipulate?

First aid cover?

Paramedic cover?

Have the emergency services been contacted?

Fire Y/N Police Y/N Ambulance Y/N

Refreshments

Are refreshments available free of charge to Event Paramedic Services Y/N

If yes please give details

Please supply any more information that you feel we should know to help us at your event

EVENT PARAMEDIC SERVICES AND AMBULANCE SERVICE TERMS AND CONDITIONS

- Event Paramedic Service and Ambulance Service rely on you as organisers to read your insurance requirements and health and safety guidelines. Please make sure when booking medical cover this is the correct requirement for your event. NO responsibility will be taken by Event Paramedic Services and Ambulance Service for the lack of medical cover in the event of legal proceedings against you as an organiser.
- A charge of 50% of the total cost will be made if cancellation is less than 48hours notice of the event commencing.
- When stating the times that you require medical cover to commence please be aware that many accidents happen before any event starts, make sure your times will cover members of the public arriving early.
- The quote that you have received from Event Paramedic Services and Ambulance Service is for a TEN hour shift. If your event runs over this then please be aware you are liable for additional charges.
- Please make payments within 14days of your event.

I have read all of the above information and agree to the terms laid out by Event Paramedic Services

NAME OF ORGANISER_____

SIGNATURE_____

DATE_____

(A 10% none-returnable deposit is required for all booking)