

MCEMS EVENT MEDICINE- APPLICATION FORM

THIS FORM MUST BE COMPLETED, SIGNED AND RETURNED TO THE EMSMD AT LEAST 14 DAYS PRIOR TO THE EVENT

Lead EMT _____ Agency _____ Phone _____ email _____

EVENT:

Event Name _____

Location _____

Date(s) _____ (attach additional sheet/schedule as needed) Times _____

of participants anticipated _____ # of spectators anticipated _____

of MCEMS providers on site (attach roster, please see page 2) _____

LOGISTICS/DETAILS: Briefly detail logistics, communications, equipment, staffing, etc. (attach additional sheet as needed)

THE RULES:

- For every “event”, there must be a “Lead EMT” who works with the EMSMD, and is responsible for all paperwork, recordkeeping and coordination of the EMS care provided at the event.
- Only current, on protocol, EMT’s in the Mesa County EMS System may participate in this type of care under the EMSMD’s medical license. Any exceptions will be on a case by case basis per the EMSMD.
- Unless agreed upon in advance with the EMSMD, all providers may operate at a BLS level only when engaged in this type of care.
- Each patient contact will be documented as stipulated by the EMSMD.
- ALL aspects of the current MCEMS Treatment and Operational protocols, including Non-Transport/Refusals, are binding on EMT’s at all times
- Workers comp, occupational health, etc. must be arranged by the EMT.

TO BE COMPLETED BY LEAD EMT:

1. Have you read the “Event Medicine” protocol: **yes / no**
2. Have you received/downloaded copies of Event Medicine Patient Contact & Refusal Forms: **yes / no**
3. Do you agree to ensure that all protocols and documentation guidelines are followed: **yes / no**

Signature of Lead EMT

date signed

EMSMD

MCEMS EVENT MEDICINE- ROSTER FORM

**THIS FORM MUST BE COMPLETED AND RETURNED TO THE EMSMD AT LEAST 14 DAYS
PRIOR TO THE EVENT**

Lead EMT _____ Agency _____ Phone _____ email _____

Event Name _____

Date(s) _____ (attach additional sheet/schedule as needed) Times _____

NO	NAME (PLEASE PRINT)	LEVEL OF TRAINING					MCEMS AGENCY (PLEASE PRINT)
		P	I	B	FR	OTHER	
1.							
2.							
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