

Chaffee County Special Event Permit

Medical and Communications Plan

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|--|----------------------|---|---|
| Event Name: | | Operational Period Date From: _____ To: _____ Time From: _____ To: _____ | |
| Medical Aid Stations | | | |
| Station Name | Location | Contact number(s)/Frequency | EMT/Paramedic on site |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| On Site EMT/Paramedic Information | | | |
| Name | Certification Number | Medical Director | |
| | | | |
| | | | |
| | | | |
| Ambulance Information, including air ambulance if necessary | | | |
| Service Name | Location | Contact number(s)/Frequency | Level of Service |
| | | | <input type="checkbox"/> ALS <input type="checkbox"/> BLS |
| | | | <input type="checkbox"/> ALS <input type="checkbox"/> BLS |
| | | | <input type="checkbox"/> ALS <input type="checkbox"/> BLS |
| Special Medical Procedures | | | |
| | | | |
| Basic Local Communications Information | | | |
| Event Assigned Position | Name | Method of contact (cell, radio, two-way radio, etc.), include number and/or frequency | |
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| Special Communications Procedures | | | |
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| Prepared by: | Title: | Date: | Signature: |
| County use only below | | | |
| Approved by: | Title: | Date: | Signature |
| Approved by: | Title: | Date: | Signature |