

Needs Analysis

MEDICAL SERVICES

For your special event

Thank you for your interest in Superior EMS Medical coverage at your event. In order to provide you with a comprehensive outline of recommended services and quotation, it is important to have an idea on what type of event is being hosted, the activities at the event, and what equipment will be necessary.

The easiest way to get stated is to fill out the form below and fax it to our office. Our event medical supervisor will analyze the information you provide, and after discussing your specific needs will provide a detailed quote and service outline.

If at any time you have any questions, feel free to contact us at (705) 253-3301 ext. 201

EVENT NAME: _____

HOSTING ORGANIZATION: _____

IS THIS EVENT A CHERITABLE EVENT: YES / NO

CONTACT PERSON: _____ TELEPHONE: _____

EMAIL: _____

EVENT LOCATION: _____

EVENT DESCRIPTION:

(Please provide a brief description of the activities to be held at your event)

DATES AND TIMES:

(Please specify the dates and times of your event)

IS YOUR EVENT AN OUTDOOR EVENT: YES / NO

IS THERE A ROOM AVAILALBE TO SET UP THE MEDICAL STATION: YES / NO

IS THERE DRINKING WATER AVAILABLE ON SITE: YES / NO

IS ALCOHOL BEING SERVED AT THE EVENT: YES / NO

(Please attach any site maps or any other resources that may assist us in developing a quotation and emergency medical plan for your event.)

ADDITIONAL COMMENTS:

Please Fax back to:

JOHN MAYNE
Superior EMS
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