Event Details Form

To be completed by event organiser

Contact			
Organisation			
Name & Address			
Telephone or Mobile		Email	

Event Details					
Location including Postcode					
Type of Event (e.g. Village show, Food Festival)					
Date(s)					
Times Required	Start		Finish		
Expected Numbers (Approx)			Demographic of people attending		
Access/direction to Site(Main road, field					
Reporting on site should be to (Name, Mobile Number,)					
Refreshment/catering Arrangements e.g. external food vendors, shops					
Toilets Facilities		Parking available			
Water Available		Emergency exit Entrance for Ambulance			
Is there a private room for medical care?					
Is there space for a gazebo on site if there is no private room?					
Number of First Responders Required?					
Are there any other organisation present/involved (e.g. NHS Ambulance)					
Have the Local Authority been informed?		Have the local Ambulance Service been informed?		Have the Police been informed?	

Agreement

North Yorkshire Medical Solutions will provide event medical cover on a ‘best endeavours’basis, to the best of its ability using qualified First Responders. As a rule we will not attend events where the risk is more than the trained staff can realistically cope with or falls outside the clinical guidelines we work to. A formal risk assessment must be provided for comment by North Yorkshire Medical Solutions

Where the risk is determined to be too high for North Yorkshire Medical Solutions, on these occasions we will sub-contract the event medical provision to another organisation and any associated costs will be passed on. We will, if required, contact the local ambulance service regarding your event and take any advice they might give in relation to your event. In the instance of their advice being for North Yorkshire Medical Solutions to withdraw from covering your event, we will be obliged to follow their instruction and notify you accordingly.

North Yorkshire Medical Solutions will not be held responsible for injuries or accidents occurring outside of its control and the event organizers will indemnify North Yorkshire Medical Solutions to this respect.

Have you got third party liability insurance and if so please attach.

Event Organiser Name: …….

Event Organiser Signature: …….

Date: ……

Copy of any police authority to be attached

Information relating to security / stewards or marshals on site to be attached