



EVENT REQUEST FORM

Please complete this form when requesting our services at your event. Our youth provide various offers of service for medical coverage at both community and scouting events. Complete the below form in its entirety as it applies to your event.

Request for information:

What is your name?

What is your position with the organization?

What is your email address?

What is your phone number?

Are you the primary contact for your organization?

Yes

No

If no, who is the primary contact person?

Event Details:

What is the name of your event?

What is the date(s) of your event?

Where will the event be located?

What is the estimated number of people who will be in attendance?

Will Alcohol be served/available at your event?

Yes - Alcohol will be served at the event.

No - Alcohol will not be served, permitted, or available at this event.

Alcohol will not be served, but IS permitted on site if brought by participants.



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Event Site Information

Is the event indoors, outdoors or both?

- Indoors
- Outdoors
- Both

What is the approximate size of the venue for your event (square feet/square meters)? Please describe.

Is there running water available for first aid use?

- Yes
- No

Is there a designated space for First Aid/Medical Services to set up the First Aid Post?

- Yes
- No

Will your team be able to provide 1st Delaware MedVents & Rovers with a room/shelter for First Aid/Medical Services?

- Yes
- No

Will there be other medical service personnel from other services attending? (ie. St. John Ambulance, Red Cross, etc.)

- Yes
- No



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Event Summary

Please provide a summary of your event below with as much information as you can. This will allow us to make the best plan to cover your event.

Do you have any questions for us?

Please note any questions you may have for us below.



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Terms of Service/Agreement to Terms and Conditions

Please note that 1ST DELAWARE MEDICAL VENTURES AND MEDICAL ROVERS is a program supported by Scout's Canada. As such, we may be required to decline our youth offers of services to certain events based on the nature of the event/program which will be provided.

1 - 1st Delaware Medical Ventures and Medical Rovers can provide coverage to events with alcohol being served, however, there will be certain conditions which must be met in order for our youth to provide medical services. We will contact you if you have indicated above that alcohol will be served.

2 - It is important that all information provided on this form, and in future communications is accurate, truthful, and not in anyway deceptive. Please note, that should it be determined that information provided to the company is false, the group reserves the right cancel our services and/or depart from your event.

3 - We are not a fee-for-service medical program, and all services provided by our youth are on a volunteer basis. However, should your event wish to provide a donation to the team following the event, to cover the cost of medical supplies or to help support our program and our youth, please contact us at www.1stdelawaremedvents.ca

4 - Limitation of Services: 1st Delaware Medical Ventures and Medical Rovers can not transport patients. Should a transfer to a hospital be warranted, 911 will be contacted and the responding paramedics will assume care of the patient and transport patient to the hospital. Should this occur, the patient is responsible for all associated fees of transportation to hospital as per usual operating guidelines of Paramedics and Emergency Medical Services.

5 – 1st Delaware Advisors reserve the right at any time to withdraw our team members from service at your events if we should determine it to be dangerous, unsafe for responders or providing an environment which is unsuitable for youth to be in attendance.

6 - Medical Responders cannot provide symptom relief medications, other than Oxygen and assisting patient to take their own medications- e.g. puffers and aspirin etc. The Emergency Response Team will not provide over the counter medications, medical advice regarding medications or be able to dispense medications to patients

I agree to the above Terms and Conditions, and further confirm that all information provided on this form to be current, truthful and clear for the purposes of event management preparations.

- Yes, I agree
- No, I don't agree. (Note, if this option is selected, we cannot provide an offer of service to your event).