





Ottawa MedVent Event Participation Request

General Information

Organization Name:		
Is this organization a Scouting/Guiding group Non-profit		
Event Name:		
Location/Address:		
☐ Indoors ☐ Outdoors		
Date(s):		
Times(s):		
(We'll usually be there from 30 minutes before the start to 30 minutes after the end)		
Nature of event ☐ Scouting ☐ Adult only ☐ Family		
Admission		
Concessions Alcohol Food/Beverages Other:		
Number of visitors/guests/participants expected (per day):		
Nature/Description of Event:		
Primary Contact person:		
E-mail:		
Phone:		
Alternate Contact 1:		
Alternate Contact 2:		
Requested number of first-aiders present: Absolute minimum of three first-aiders per site per six-hour shift. More may be required depending on the nature of event or number of expected participants		
MedVent duties: ☐ First Aid Station ☐ Foot Patrols		
☐ Other (details):		
If this is not the first time for this particular event, who was used as first aid providers in the past?		

Event Layo	out		
Exact 911	1 address information (for each site):		
Ambulan	Ambulance access via:		
Important	Important event-day phone numbers:		
	ossible, please send any maps or diagrams of the area of responsibility, and any additional tails to be used as briefing notes for the first aid team.		
Equipmen	t/Materials checklist		
[For each item below, please consult with the MedVent coordinator as far in advance as possible if there are going to be complications specific to your event. Please check each item to indicate compliance/understanding]			
(out of the weator heating (wir	need to provide a first aid post or room per site. In general, this would be a roughly 10ftx10ft covered area rather) with a table & chairs. Larger or high-risk events may need more space, provision for patient privacy, nter events). Please indicate the space you're expecting to provide or if there are anticipated complications requirements specific to your event:		
☐ A r	required first aid post will be provided		
Notes:			
	at run into the evening, provisions will need to be made for lighting and/or electricity. ectricity/Lighting will be provided Not applicable		
or approximate	sions will need to be made for parking for MedVent volunteers. Please indicate if there will be free parking, the parking costs if known: ee parking is available Parking is paid (and will be invoiced back)		
	parking cost (if known):		
Parking notes	s:		
	at extend over a regular meal time, or over 6 hours in length, provisions should be made to provide meals to inteers. If this is not feasible, extra members may need to be added to allow for break rotations.		
☐ Me	eals will be provided		
For outdoor or treatment.	r sporting events, ice and drinking water will need to be provided for the volunteers, and for patient		
☐ Ice	e and drinking water will be provided Not applicable		
	vents, note that first aid provision does not include "sports medicine", such as tensor bandaging, taping or ent teams do not carry tensor bandages or athletic tape.		

If the event is using radios for communications, ideally a radio should be provided to the MedVent person in charge. We will provide our own radios for intra-team communications.

☐ Not applicable

☐ Understood

☐ Site radio will be provided