



ONTARIO PRE-HOSPITAL PROFESSIONS GROUP

A division of the PMSG

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<http://www.oppg.net>

REQUEST FOR FIRST AID/EMERGENCY MEDICAL STANDBY

Name of Organization:	Contact Name:
Organization Address:	Contact Title:
Event Name:	Phone:
Event Dates and Times:	
Event Description and special needs required:	
General age of participants:	Estimated total # of participants:
On site security: <input type="checkbox"/> YES <input type="checkbox"/> NO	Map of covered area available: <input type="checkbox"/> YES <input type="checkbox"/> NO
Will a shelter/tent be provided for us: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Are there food services on site: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Is there room to accommodate our EMS Mobile Medical Post: <input type="checkbox"/> YES <input type="checkbox"/> NO Hydro avail: Y / N <small>Our trailer is 34 feet long, 8 feet wide, and requires a 30A and 50A supply line for power</small>	
Other notes and information:	

Please return this form ASAP to the OPPG at:

events@oppg.net

OR EFAX:

815-461-5343