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## **EMERGENCY RESPONSE PLAN**

This form must be completed before the event to be considered a Provincially Sanctioned Event. The completed form must be distributed to medical responders, commissaires, marshals, other race/event officials, and police if present.

**NAME OF RACE:**

**DATE:**

**LOCATION:**

**EAP COORDINATOR:**

**EAP COORINDATOR PHONE NUMBER:**

**AMBULANCE MEETING POINT:**

**AMBULANCE REQUIRED ON SITE?\***

*\*An ambulance is required at your event if your event location is greater than either 10 kilometres or 10 minutes response time from the dispatch location.*

**AMBULANCE PROVIDER:**

-OR-

**MEDICAL RESPONDER – NAME:**

**MEDICAL RESPONDER – PHONE #:**

**LOCATION DURING EVENT (Must be at a fixed location):**

**COMMUNICATION SYSTEM:**

*\*Please attach a list of ERP cell phone numbers and radio channels for distribution to event key personnel. Include numbers of medical responder, organizer, Chief Commissaire, marshals*

### **EMERGENCY CONTACT NUMBERS**

**Local Ambulance #:**

**Local Hospital #:**





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**HOSPITAL CLOSEST TO EVENT:**

**ADDRESS:**

**Local Ambulance #:**

**RCMP/Local Police #:**

**MAP:**

*\*Please attach a map from nearest hospital to event location using TWP/RR/HWY#/KMS and estimated driving time. If you start and finish area are more than 10kms apart please provide map for both the start and finish.*