

AFA EMERGENCY RESPONSE PLAN

The completed form must be distributed to medical responders, officials, and police if present.

NAME OF EVENT:

DATE:

LOCATION:

ERP COORDINATOR:

ERP COORDINATOR PHONE NUMBER:

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*

EMERGENCY CONTACT NUMBERS

Local Ambulance #:

Local Hospital #:

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. (Using Google Maps recommended)*