



## AMA Emergency Response Plan

Promoter Name: \_\_\_\_\_ Event Name: \_\_\_\_\_

Event Location: \_\_\_\_\_ Event Date: \_\_\_\_\_

**On-site medical staff/plan to provide Basic Life Support (must have staffing and equipment to provide Basic Life Support):**

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**On-site transport capability (side-by-sides, quads, backboards, etc.):**

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**Nearest hospital or trauma center, including contact info, capable of Advanced Life Support:**

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**Response time for transport off site (ambulance):** \_\_\_\_\_

**Medical Helicopter response time and landing zone location (include map):**

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