



Metropolitan Area EMS Authority  
OUTSIDE AGENCY SPECIAL EVENT STANDBY MEDICAL EVENT PLAN

Date Completed:

Agency/Organization Name:

Name of Representative Completing Plan:

Contact Phone:

Contact Email: .

Event Name:

**EVENT TYPE**

Sporting Event

Concert

Street Fair

Other

Provide Details of Event:

Event Sponsor/Promoter/Organizer:

Contact Name of Sponsor/Promoter/Organizer:

Contact Phone:

Contact Email: .

**Event Location**

Street Address:

City:

Zip Code:

List Specific Details Such as Block Ranges or area the Event will be Held:

Date(s) of Event:

Start of Event:

End of Event:

Anticipated Attendance:





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**Supervisor / Command Staff**

Scheduled Start Time:

Scheduled End Time:

Contact Name: .

Contact Phone:

Location of Command Post:

**Dispatch Center**

Agency/Organization Dispatch Center:

Contact Number:

Method of Communications with Resources Staffing the Event:

**MEDICAL EMERGENCY PROCEDURES**

How will Communications between the Event and the Medical Providers be handled:

How will MedStar Mobile Healthcare Be Contacted for EMS Transports from the Event:

Ambulance Ingress into the Event:

Ambulance Egress from the Event: