



Event Coverage Request Form

Date of Event: _____

Location of Event: _____

Time of Event: _____

Number of Participants: _____

Age Range of Participants: _____

Communication System Available: Yes ___ No ___

Tent Available: Yes ___ No ___

EMS/Ambulance Onsite: Yes ___ Dedicated or Non-dedicated? No ___

Note: In some cases our clinic may not possess the manpower to comprehensively cover all emergency needs involving events of large magnitude. It may be advised that emergency medical services (EMS) be independently contacted to supplement or provide emergency care for event participants. You will be advised of such cases and we will coordinate the integration of EMS into your event coverage.

Services Requested:

(1) _____ Sports Medicine Coverage Only

Injury evaluation and treatment, emergency and urgent care, first aid, preventive taping and bracing, first aid, wound and blister care, stretching, massage, and coordination with local emergency medical services.

(2) _____ Chiropractic Care Only

Evaluation and treatment of patients including spinal manipulation, stretching, and massage prior to, during, and/or after event.

(3) _____ Both

Contact Person: _____

Title or Position: _____

Phone Number: _____

Email Address: _____