

DOCTORS AT EVENTS



EVENT NAME _____
DATE OF EVENT _____
POST CODE OF EVENT _____
GRID REFERENCE _____

Your event details

Type of event (e.g. Horse trial, P to P etc)	
Expected age range of competitors	
Location	
Name of person asking you to provide cover	
What job are you doing & any special considerations (e.g. site / cover)	

Other medical personnel on site

Type	Name	Contact details for day & after the event
Other doctors		
Paramedics		
Fist aid (e.g. St John / Red Cross)		

Local medical facilities (as appropriate and available)

Type	Contact details
Local minor injuries	
Accident & Emergency	
Trauma centre	
Neurosurgical unit	

Emergency drugs available and in date (e.g. adrenaline)	YES / NO
Analgesic drugs available and in date	YES / NO
All equipment (own and medical team) present and working	YES / NO