FLORIDA A&M UNIVERSITY | DEPARTMENT OF EMERGENCY MANAGEMENT

Emergency Medical Services (EMS) Support Request Form

Use this form to request EMS support for University-sponsored events. Submit at least 30 days before the event. **You may save this form and return to it later. All required fields (*) must be completed before submission.** Submission does not guarantee EMS coverage. FAMU Emergency Management coordinates the request; Leon County EMS determines the appropriate level of coverage and fees. Unless otherwise approved by the University, the requesting/sponsoring organization is responsible for applicable EMS costs.

Email the completed form and applicable attachments to **EMSRequests@famu.edu**. Questions: **(850) 599-3056**. **For full electronic form functionality, use Adobe Acrobat or Adobe Acrobat Reader.**

A. REQUESTER & FUNDING *Do not enter financial account numbers.*

Requesting Department / Organization *					
Requester Name *		**Title** *		**Email** *	
Requester Phone *		**Organization Responsible for EMS Costs** *			
Fiscal Contact Name *		**Email** *		**Phone** *	
☐ Seeking University approval for another funding source		*If checked:* **Proposed Funding Source** *			

B. EVENT INFORMATION *what, when, where, and how many*

Event Name *				
Event Type *	☐ Athletics	☐ Concert/Entertainment	☐ Student Event	☐ Ceremony/Commencement
	☐ Race/Walk/Parade	☐ Conference/Meeting	☐ Community Event	☐ Other
If Other: **Describe event type** *				
Brief Event Description *				

Event Date *			*If multi-day:* **End Date**		
Event Start Time *		☐ AM ☐ PM	**Event End Time** *		☐ AM ☐ PM
Setup Begins		☐ AM ☐ PM	**EMS Requested Arrival**		☐ AM ☐ PM
Breakdown Ends		☐ AM ☐ PM	**Setting** *	☐ Indoor ☐ Outdoor ☐ Both	
Venue / Building *			**Specific Location / Area** *		
Estimated Attendance *		**Participants**		**Spectators**	

C. EVENT-DAY CONTACT *the person in charge on site, reachable by phone*

On-Site Event Contact *		**Role**		**Mobile Phone** *	

D. EVENT CONSIDERATIONS *check all that apply*

☐ Alcohol served/allowed
☐ Large/dense/general-admission crowd
☐ Significant outdoor/heat exposure
☐ Pyrotechnics/special effects/hazardous materials
☐ None of the above
☐ Athletic or strenuous activity
☐ Minors participating
☐ Race, walk, parade, or moving route
☐ Road, gate, or emergency-access restrictions

If any item checked: **Briefly describe items checked above or other special considerations** *			
Existing on-site medical resources	☐ Athletic Trainer	☐ AED	☐ First Aid/CPR Staff
	☐ Medical Personnel	☐ First Aid Station	☐ None/Unsure
Attach if applicable *Route Map is required (*) for a moving route*	☐ Event/Site Map	☐ Route Map	
	☐ Event Schedule	☐ Existing Medical/Safety Plan	

E. CERTIFICATION *This form and attachments are public records under Ch. 119, F.S., unless exempt. Do not include health information or account numbers.*

☐ I certify that the information provided is accurate and complete; understand that submitting this request does not guarantee EMS coverage; understand that my organization is responsible for applicable EMS costs unless otherwise approved by the University; and agree to promptly notify FAMU Emergency Management of significant event changes or cancellation. *

Name / Signature *		**Date** *	
CHECK FORM	**FORM STATUS:** ☑ **INCOMPLETE** ☐ **READY FOR SUBMISSION**		