



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):

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

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

Response time for transport off site (ambulance): _____

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