

MAYOR'S OFFICE OF SPECIAL EVENTS EMT/MEDICAL PLAN

THE EVENT PRODUCER / ORGANIZATION MUST COMPLETE **SECTION I** AND SIGN WHERE INDICATED. THE INDIVIDUAL IN CHARGE OF MEDICAL SERVICES FOR THE EVENT IS TO COMPLETE AND SIGN **SECTION II**.

WHEN BOTH SECTION I AND SECTION II HAVE BEEN COMPLETED AND SIGNED, THIS FORM MUST BE RETURNED YOUR ASSIGNED EVENT COORDINATOR VIA EMAIL OR BY MAILING TO THE ADDRESS BELOW:

**CITY OF HOUSTON
MAYOR'S OFFICE OF SPECIAL EVENTS
901 BAGBY, 1ST FLR.
HOUSTON, TEXAS 77002**

SECTION I

EVENT REPRESENTATIVE: _____
 NAME OF EVENT: _____
 EVENT DAY/DATE: _____ START TIME: _____ END TIME: _____
 STREET CLOSURE DAY(S)/DATES(S): _____ START TIME: _____ END TIME: _____
 LOCATION: _____
 TYPE OF EVENT (I.E., FESTIVAL, FUN RUN, OUTDOOR MUSIC EVENT): _____
 ESTIMATED ATTENDANCE: _____ IS ALCOHOL SERVED? _____

SIGNATURE OF PERMITTEE **DATE**

SECTION II

NAME OF EMT/MEDIC ORGANIZATION: _____
 EMT/MEDIC COORDINATOR: _____ RANK: _____
 WORK PHONE #: _____ MOBILE #: _____
 EMAIL: _____

BREAKDOWN OF PERSONNEL ASSIGNMENTS

RESPONSIBILITY	NUMBER OF MEDICS	ADDITIONAL RESOURCES	TIME SCHEDULED: ON DUTY / OFF DUTY
1. EMT			
2. FIRST AIDER			
3. Other			
Total			

 SIGNATURE OF EMT/MEDIC COORDINATOR DATE

NOTE: EMT/MEDIC PERSONNEL WORKING THIS EVENT MUST BE LAWFULLY CERTIFIED AND PERSONALLY WILLING TO PROVIDE THE NECESSARY EMT/MEDICAL SERVICES BASED ON THE SCALE AND SCOPE OF THE EVENT. PERSONNEL MUST BE WILLING TO RESPONSIBLY ACT IN ACCORDANCE WITH ANY MEDICAL SITUATION

SECTION III (TO BE COMPLETED BY THE HOUSTON FIRE DEPT.)

THE ABOVE INFORMATION HAS BEEN REVIEWED AND APPROVED BY:

 SIGNATURE OF HFD FIRE CHIEF OR DESIGNEE DATE