



Mailing Address: Southern Nevada Health District, Office of EMS & Trauma System
PO Box 3902, Las Vegas, NV 89127 Phone: 702-759-1050

FedEx or UPS: Southern Nevada Health District, Office of EMS & Trauma System
280 S. Decatur, Las Vegas, NV 89107

Apply in person: Southern Nevada Health District, Office of EMS & Trauma System
280 S. Decatur Blvd., Las Vegas, NV 89107 Phone: 702-759-1050

Host Organization Application for Special Event Medical Plan Approval

Type or print clearly - Incomplete applications will be denied.

This application MUST be received by the Office of EMS & Trauma System at least thirty (30) calendar days PRIOR to the event.

A FEE OF \$200.00 MUST BE PAID AT THE TIME OF APPLICATION. All application fees are non-refundable - NO EXCEPTIONS. Please make cashier's checks or money orders payable to: Southern Nevada Health District. NO PERSONAL OR BUSINESS CHECKS ACCEPTED.

EVENT INFORMATION

Name of Event: _____

Date(s) of Event: _____

Name of host organization: _____

Address: _____

City: _____ State: _____ Zip code: _____

Contact person: _____ Title: _____

Work phone: _____ Cell phone: _____ FAX: _____

Email address: _____

Location of event:

Name of facility/venue: _____

Address: _____

City: _____ State: _____ Zip code: _____

Event to be held: Indoors Outdoors Both

Type of event (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Concert | <input type="checkbox"/> Equestrian |
| <input type="checkbox"/> Festival | <input type="checkbox"/> Rodeo |
| <input type="checkbox"/> Dance | <input type="checkbox"/> Event involving water |
| <input type="checkbox"/> Fair | <input type="checkbox"/> Sporting |
| <input type="checkbox"/> Extreme sporting | <input type="checkbox"/> Combat sporting |
| <input type="checkbox"/> Motor vehicle race | <input type="checkbox"/> Political rally |
| <input type="checkbox"/> Other: _____ | |

Venue surface material:

- | | |
|---------------------------------|---|
| <input type="checkbox"/> Grass | <input type="checkbox"/> Asphalt/concrete |
| <input type="checkbox"/> Gravel | <input type="checkbox"/> Temporary flooring |
| <input type="checkbox"/> Dirt | <input type="checkbox"/> Other: _____ |

Estimated peak attendance each day of the event: _____

Estimated total attendance for the entire event: _____

Average age of attendees:

- < 25 years 26-49 years > 50 years

Projected weather conditions. (You may reference the following sites to assist with your projections for the scheduled date(s) of the event: <http://www.usclimatedata.com/climate.php?location=USNV0049> and <http://www.srh.noaa.gov/srh/jetstream/global/hi.htm>)

Temperature: < 50° F 50°-101° F 101°-110° F > 110° F

Could attendees have acute or chronic illnesses that require special accommodations?
(For example, an event specifically intended for acute or chronically ill children or adults.)

- No Unknown Yes, please describe:

Will alcohol be allowed, sold or be expected on the premises?

- No Yes, please describe: _____

Name of the EMS permit holder contracted to provide Emergency Medical Services: _____

SNHD Permitted Transport-Capable 9-1-1 Responding EMS Services (May be restricted depending on local ordinance, municipal code, or franchise agreement. Contact agency directly.)

- | | |
|---------------------------------|---------------------------------|
| AMR Ambulance Service | Boulder City Fire Department |
| Clark County Fire Department | Community Ambulance |
| Guardian Elite Medical Services | Henderson Fire Department |
| Las Vegas Fire & Rescue | MedicWest Ambulance Service |
| Mesquite Fire & Rescue | North Las Vegas Fire Department |

SNHD Permitted Transport-Capable (Restricted) EMS Services (May be restricted on transporting patients from a special event depending on local ordinance, municipal code, or franchise agreement. Contact agency directly.)

Las Vegas Motor Speedway

Based on your anticipated peak attendance, describe how you will meet the requirements as outlined in the attached "Minimum EMS Requirements for Special Events" (Pursuant to NRS 450B.650-450B.700 and SNHD EMS Regulations 1150.000-1150.350): _____

Number of Clark County licensed providers scheduled to provide emergency medical care each day:

EMT: _____ AEMT: _____ Paramedic: _____

Number of Nevada licensed providers scheduled to provide emergency medical care each day:

Licensed Practical Nurse: _____ Registered Nurse: _____
Advanced Practice Nurse: _____ Physician Assistant: _____
Physician: _____

Description of First Aid Station(s): _____

Description of other treatment facilities: _____

Description of emergency medical equipment for:
Roving EMT Team(s): _____
Roving Intermediate Team(s): _____
First Aid Station(s): _____

Description of on-site medical communication capabilities: _____

Description of plan to inform attendees regarding access to emergency medical care and for specific hazards such as severe weather: _____

Description of plan for emergency evacuation of the event site: _____

(Please attach a map of the special event site including routes of ingress and egress.)

Host Organization Responsibilities:

- **Meet all requirements set forth in the applicable sections of the SNHD EMS Regulations. Initials: _**
- **Contact the SNHD Office of Emergency Medical Services & Trauma System prior to the event to provide updates if any changes or additions to this application are made. Initials: _____**

Print name and job title: _____

Signature: _____ **Date:** _____