

Signed by organizer .....  
Date .....  
Position .....

Please return completed forms to:-  
**Medicaid Emergency Medical Service**  
**33 Magnolia Walk**  
**Eastbourne, East Sussex BN22 0SR**

Thank you for choosing Medicaid to provide your on site medical needs for your event If you have any queries please do not hesitate to contact us.

Please fill in this form in BLOCK CAPITALS only and remember to use the postcodes where asked - this is very important as through this we can quickly locate Hospitals and the actual location of your event.

If you have an E.mail address please supply this as it will be used to confirm your booking or to contact you if the need arises.

In “ other information” please state the level of cover you require e.g car and two first aiders, ambulance and crew. If you are not sure please contact the office and discuss this with us. We will be happy to advise you.

**Contact Details:**

**TEL:- 01323508045**

**FAX:- 0870 139 1803**

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**OFFICE USE ONLY**

**Date Received.....**

**Duty Number.....**



# **Duty Request Form**

**This Form must be completed and signed  
by the person/organisation requesting  
First Aid cover**

**Please read Notes on back page**

Please complete this form in **BLOCK CAPITALS**

**It is important that ALL sections are completed including POSTCODES**

**I / We request that Mediaid provide First Aid Cover at the following event:**

Date of Event .....

Start Time ..... Finish Time .....

Address of Event .....  
.....  
..... **Postcode**.....

Type of Event .....

Name of organisation making request  
.....

Name of Organiser.....

Address.....  
.....  
.....

Postcode .....

Telephone Number.....

Fax Number .....

Mobile Phone No .....

E mail Address .....

Nearest Hospital .....

Address .....  
.....  
.....

Postcode .....

Hospital Telephone Number .....

**The above hospital information must have an ACCIDENT & EMERGENCY DEPT which is open for the duration of your Event**

DONATION AGREED £.....

May we do a collection ? YES/NO

Other information.....  
.....  
.....

In order that we can arrange catering for Mediaid Staff while on duty please complete the following:-

A Meal or Lunch will be provided YES / NO

Liquid Refreshments YES / NO