

PRO FORMA MEDICAL/CHECKLIST RESPONSE PLAN Emergency Services Information

FORM 3

This form is for use by the Organiser of an Event with less than 100 expected Entries at the close of Entries.

Refer to: General Rules, Chapter 6, Rule 2.

EVENT DETAILS

Mobile phone:

Please return the completed form at the time of submitting the Supplementary Regulations for the Event to the State Karting Authority that will be issuing the Organising Permit for the Event.

NAME OF CLUB/ ORG	ANISER:					
DETAILS OF EVENT:	Name		N	lumber of Days		
DATE OF EVENT:						
EVENT VENUE:						
EVENT STATUS:	State	Zonal	Club			
FIRST AID PERSO	ONNEL					
The following person is	s responsible for	activation of the pl	lanned medical resp	onse if required.		
Course is: Name			Position	Position		
In the Event of an A	Accident in wh	ich Someone is	Injured			
Take steps to activThe casualtyThe casualty	ate, immediate First rate further respons to is taken to the lock is taken to the hos cy call to "000" is n	t Aid, comfort and assisse, eg: al doctor by car; pital by car;		o those injured; and e local hospital is contacted; ocal doctor is contacted;		
The nearest hospital wi	ith Emergency S	ervices is:				
Address:						
Telephone number:						
Emergency Phone: Am	bulance, Police,	Fire Services: 0	00			
Mobile phone service at this venue is active				Yes	No	
SKA Emergency Conta	ct:					
Mobile Phone:						
Karting Australia Emer	gency Contact:					

PLEASE RETURN THE COMPLETED FORM ALONG WITH THE SUPPLEMENTARY REGULATIONS FOR THE EVENT TO THE KARTING ORGANISATION THAT WILL ISSUE THE ORGANISING PERMIT FOR THE EVENT. IT WILL BE EITHER YOUR STATE KARTING ASSOCIATION OR KARTING AUSTRALIA (FOR A NATIONAL LEVEL EVENT.)