

# Stage Rallies: Pre-Hospital Emergency Care Practitioners Check List

To be completed by Motorsport Ireland Steward and returned with Report



Date: ..... Event: ..... Club: ..... Permit No.....

**Chief Medical Officer:** Name of Doctor: .....

Are all the doctors assigned as listed on the Safety/Medical Plan? Please Tick: YES..... NO.....

If NO please update.

Doctor Name: ..... Medical Council Number: ..... Stage No.....

Doctor Name: ..... Medical Council Number: ..... Stage No.....

Doctor Name: ..... Medical Council Number: ..... Stage No.....

In the event of an Advanced Paramedic is used instead of a doctor please complete the following:

Name: ..... PHECC Pin Number: ..... Employer.....

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**NOTE: Advanced Paramedic must be employed by the ambulance provider only (never directly by the Club).**

## Medical Services Stage 1

**Name of Ambulance Provider (Company):** .....

Ambulance Practitioners:

1 Name: ..... PHECC Pin Number: ..... Practitioner Level (EMT/P/AP): .....

2 Name: ..... PHECC Pin Number: ..... Practitioner Level (EMT/P/AP): .....

## Medical Services Stage 2

**Name of Ambulance Provider (Company):** .....

Ambulance Practitioners:

1 Name: ..... PHECC Pin Number: ..... Practitioner Level (EMT/P/AP): .....

2 Name: ..... PHECC Pin Number: ..... Practitioner Level (EMT/P/AP): .....

## Medical Services Stage 3

**Name of Ambulance Provider (Company):** .....

Ambulance Practitioners:

1 Name: ..... PHECC Pin Number: ..... Practitioner Level (EMT/P/AP): .....

2 Name: ..... PHECC Pin Number: ..... Practitioner Level (EMT/P/AP): .....

## 'Spare' Ambulance

**Location:** .....

**Name of Ambulance Provider (Company):** .....

Ambulance Practitioners:

1 Name: ..... PHECC Pin Number: ..... Practitioner Level (EMT/P/AP): .....

2 Name: ..... PHECC Pin Number: ..... Practitioner Level (EMT/P/AP): .....

**Codes: Emergency Medical Technician (EMT) / Paramedic (P) / Advanced Paramedic (AP)**

**MI Steward Name** \_\_\_\_\_ **Licence NO** \_\_\_\_\_

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**NOTE: Advanced Paramedic must be employed by the ambulance provider only (never directly by the Club).**

## Medical Services Stage 1

**Name of Ambulance Provider (Company):** .....

Ambulance Practitioners:

1 Name: ..... PHECC Pin Number: ..... Practitioner Level (EMT/P/AP): .....

2 Name: ..... PHECC Pin Number: ..... Practitioner Level (EMT/P/AP): .....

## Medical Services Stage 2

**Name of Ambulance Provider (Company):** .....

Ambulance Practitioners:

1 Name: ..... PHECC Pin Number: ..... Practitioner Level (EMT/P/AP): .....

2 Name: ..... PHECC Pin Number: ..... Practitioner Level (EMT/P/AP): .....

## Medical Services Stage 3

**Name of Ambulance Provider (Company):** .....

Ambulance Practitioners:

1 Name: ..... PHECC Pin Number: ..... Practitioner Level (EMT/P/AP): .....

2 Name: ..... PHECC Pin Number: ..... Practitioner Level (EMT/P/AP): .....

## 'Spare' Ambulance

**Location:** .....

**Name of Ambulance Provider (Company):** .....

Ambulance Practitioners:

1 Name: ..... PHECC Pin Number: ..... Practitioner Level (EMT/P/AP): .....

2 Name: ..... PHECC Pin Number: ..... Practitioner Level (EMT/P/AP): .....

**Codes: Emergency Medical Technician (EMT) / Paramedic (P) / Advanced Paramedic (AP)**

**MI Steward Name** \_\_\_\_\_ **Licence NO** \_\_\_\_\_