

EVENT REQUEST FOR EMERGENCY SERVICES

As part of our commitment to the health and safety of our community, St. Peter's Health strives to provide low-cost or no-cost emergency services at community events that support healthcare and healthy living. We evaluate requests based on the following considerations: charitable or nonprofit event/organization; number of people served; threat and degree of potential injuries; and availability of St. Peter's staff and/or ambulance.

To request emergency services for an event, requestors must complete this form. St. Peter's will respond to all requests confirming availability and eligibility for donated services, if applicable. Events that do not meet our donation criteria may still receive services at rates to be agreed upon by St. Peter's Ambulance Services and the requesting organization. Please provide billing information to expedite this process.

Please submit completed forms to David Webster, Ambulance Manager, at dwebster@sphealth.org or by mail at: David Webster, Ambulance Dept, St. Peter's Health, 2475 Broadway, Helena, MT 59601.

Event Name: _____

Description of Event/Activities: _____

Sponsoring/Hosting Organization: _____

Contact Person Name: _____

Office/Home Phone: _____

Cell Phone: _____

Email: _____

Billing Information: Please provide in the case your event does not qualify for donated services, but you would still like to receive an estimate of fees for service.

Billing Contact Name (if different): _____

Address: _____

City: _____ State: _____ Zip: _____

Expected Attendance (Participants): _____

Expected Attendance (Audience): _____

Event Location: *(Include address as well as an approximate site/area for emergency services to be located):*

Event Date: _____

Hours Requested: _____

Requested Services: _____

FOR HOSPITAL USE

Received (Date): _____

Grant Request (Y/N): _____

Fees: _____

Confirmed (Date): _____

Assigned (Staff): _____

Comm Ben Submitted (Date): _____

St. Peter's Health
2475 Broadway
Helena, MT 59601
406-442-2480

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