

Aero Methow Rescue
Request for Ambulance Standby

Name of Event _____

Sponsoring Agency _____

Address _____

Phone # _____

Email _____

Contact Name _____

Date ambulance requested _____

Where do you want the ambulance located? (please be specific)

Start time _____ End time _____

Request (please check)

Rate

Non-profit
Community event

Rate

Commercial
Not community

Ambulance with 2 EMTs \$35/hr \$135/hr

First Response Aid Vehicle with 1 EMT & 1 Paramedic Non-transport \$30/hr \$115/hr

First Response Aid Vehicle with 2 EMTs Non-transport \$25/hr \$100/hr

Individual EMT with kit & radio \$15/hr \$50/hr

Snowmobile/Trail Bike & 1 Operator \$25/hr \$25/hr

Request Waiver - Exchange for in kind services of equal value (Attach Proposal)

The ambulance or person is dedicated to the event; an ambulance will be dispatched to transport the patient to the hospital.

If an ambulance is not available to transport the patient to the hospital, the ambulance on standby may have to transport. In that event every effort will be made to dispatch an aid unit to the standby. The time the ambulance is away from the standby will be discounted from the fee. If an aid vehicle replaces the ambulance the fee will be adjusted. The patient is responsible for the ambulance transport fee which is separate from the standby charge.

Name of person requesting ambulance _____ (print)

Signature _____ date _____

Crew assigned

