



Medical Services Provider and First Aid Confirmation Form

First Aid Certificate Holder

____ confirms that they hold a valid first aid certificate

Individual Name

or

Medical Services Provider

____ confirms that our organisation:

Provider Organisation Name

Has read and understands the *Medical Services Policy, Version 2.02*, and

In providing services to ACA and its affiliated committees, meets ACA's minimum requirements as set out in the *COR017 Medical Services Policy, Version 2.02*.

This form is valid for one event only.

Signed: _____

Name: _____

Position: _____

Company: _____

Date: _____

FOR ACA AFFILIATED COMMITTEE USE ONLY

I acknowledge that I have communicated with the above Medical Services Provider and am satisfied that the above provider understands the minimum requirements as set out in the *COR017 Medical Services Policy*.

Signed: _____

Name: _____

Position: _____

Committee: _____