



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

Have read and understand the *Medical Services Policy, Version 2.02*, and

In providing services to ACA and its affiliated committees, it 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: