

Emergency Support Communication Details

Date: [Insert Date]

To: Event Organizers

Emergency Contact Information

Emergency Services: 911

Event Emergency Coordinator: [Name]

Phone Number: [Phone Number]

Email: [Email Address]

On-Site Medical Assistance

Medical Team Contact: [Name]

Phone Number: [Phone Number]

Location: [First Aid Station Location]

Security Services

Security Coordinator: [Name]

Phone Number: [Phone Number]

Location: [Security Office Location]

Emergency Evacuation Plan

For emergencies requiring evacuation, please follow the designated evacuation routes marked on your event map.

Additional Resources

For more information regarding emergency protocols, please refer to the emergency guidelines document attached.

Best regards,

[Your Name]

[Your Position]

[Organization Name]