



## NHSRA SAFETY POLICY FORM

STATE/PROVINCE/DISTRICT \_\_\_\_\_

RODEO SITE: \_\_\_\_\_

AMBULANCE ON GROUND      \_\_\_\_\_ YES      \_\_\_\_\_ NO

If no:

DEDICATED TRAINED INDIVIDUAL      \_\_\_\_\_ YES      \_\_\_\_\_ NO

AED (Automated External Defibrillator) ON SITE      \_\_\_\_\_ YES \_\_\_\_\_ NO

FIRST AID SUPPLIES INCLUDING THOSE TO TREAT AIRWAY EMERGENCIES      \_\_\_\_yes\_\_\_\_ NO

Nearest Community Emergency Responder \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

NEAREST HOSPITAL \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

\_\_\_\_\_  
Signature and Date