



ARIZONA STATE UNIVERSITY
STUDENT EMERGENCY MEDICAL SERVICES



STANDBY REQUEST FORM

Please return your completed form to an SEMS representative or send it via intercampus mail to **Mail Code 2104**, Department: **Campus Health Services**, Attn: **SEMS**. This form will be returned to you within two weeks of submission. Email SEMS@asu.edu with any questions.

REQUESTING ORGANIZATION:	
DATE OF REQUEST:	
NAME OF REPRESENTATIVE:	
PHONE NUMBER:	
EVENT NAME:	
EVENT LOCATION:	
EVENT DATE:	EVENT TIME:
EXPECTED NUMBER OF ATTENDEES:	
OTHER AGENCIES THAT WILL BE PRESENT (AMBULANCE, POLICE, SECURITY, ETC.):	
EVENT DESCRIPTION:	

The following section is to be completed by SEMS personnel.

DATE RECEIVED:	BY:
<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED ON:	BY:
REASON FOR DENIAL:	