



EAST BOISE COUNTY EMS DISTRICT (EBCED)

SPECIAL EVENT MEDICAL COVERAGE APPLICATION

APPLICATION INSTRUCTIONS

Applications must be submitted a minimum of 90 days- small events, 120 days- large events prior to the event. Submission does not guarantee coverage. Coverage is subject to staffing availability, operational needs, and approval by EBCED Administration.

EVENT INFORMATION

Event Name: _____

Event Type: _____

Organization: _____

Primary Contact: _____

Phone: _____

Email: _____

Event Date(s): _____

Coverage Start Time: _____

Coverage End Time: _____

Event Address/Location: _____

GPS Coordinates: _____

Estimated Attendance: _____

Estimated Participants: _____

For Professional Sporting Events (if applicable) If a sports medicine group will be providing medical care for participants at your event, please indicate their name.



EMS COVERAGE REQUEST

- ☐ 1 Basic Life Support Ambulance (staffed with 2 EMT-Basics)
- ☐ 2 Basic Life Support Ambulances (each staffed with 2 EMT-Basics)
- ☐ Medical Treatment Area-First Aid Station (staffed with 2 EMT-Basics)
- ☐ Mobile Medical Team (2 EMT-Basic with Medical Bag, AED, and UTV- locations off main road -this is required)

CHECKPOINT COVERAGE REQUIREMENTS

IMPORTANT:

- EACH CHECKPOINT REQUESTED FOR COVERAGE REQUIRES A MINIMUM OF TWO (2) EMTs.
- Staffing costs are assessed per checkpoint.
- UTV CHARGES WILL APPLY- ANY CHECKPOINT NOT ACCESSIBLE BY MAIN ROAD.
- UTV, COMMAND, OR SUPERVISOR RESOURCES MAY BE REQUIRED BASED ON TERRAIN, DISTANCE, ACCESSIBILITY, AND OPERATIONAL RISK.
- Resource requirements and associated fees shall be determined by the Chief of Operations, Assistant Chief, Commissioners or designated Supervisor.
- Additional staffing required for high-risk events.

CHECKPOINT #1

Checkpoint Name: _____

GPS Coordinates: _____

Checkpoint Location Description:

Accessible by Main Road?

☐ Yes ☐ No

Special Hazards/Notes:



East Boise County EMS District
Mass Gathering Request Application

CHECKPOINT #2

Checkpoint Name: _____

GPS Coordinates: _____

Checkpoint Location Description:

Accessible by Main Road?

☐ Yes ☐ No

Special Hazards/Notes:

CHECKPOINT #3

Checkpoint Name: _____

GPS Coordinates: _____

Checkpoint Location Description:

Accessible by Main Road?

☐ Yes ☐ No

Special Hazards/Notes:



CHECKPOINT #4

Checkpoint Name: _____

GPS Coordinates: _____

Checkpoint Location Description:

Accessible by Main Road?

☐ Yes ☐ No

Special Hazards/Notes:

Any additional check points please attach extra page

RADIO and INJURY REPORTING OPERATIONS INFORMATION

Radio Communications Plan Attached?

☐ Yes ☐ No

Injury Reporting Plan Attached?

☐ Yes ☐ No



APPLICATION ACKNOWLEDGEMENT

By signing AND initialing this application, the applicant acknowledges and understands:

_____ This application is not a contract.

_____ Submission of this application does not guarantee EMS coverage.

_____ The event must be approved by the East Boise County EMS District Board of Commissioners.

_____ Approval is contingent upon completion of a safety walk through conducted by an EBCED Staff Officer.

_____ EBCED may require modifications to the event medical plan prior to approval.

_____ A formal Event Medical Services Agreement will be issued following commissioner approval.

_____ No EMS coverage is guaranteed until a formal contract has been fully executed.

_____ Each checkpoint requested for coverage requires a minimum of two (2) EMTs.

_____ UTV charges apply to checkpoints not accessible by maintained roadway.

_____ Additional staffing, supervisor, command, UTV, Jeep, or specialty resources may be required based upon EBCED's risk assessment.

_____ EBCED retains the authority to redeploy resources during emergencies, disasters, or mass casualty incidents occurring within the district or mutual aid response area.

EVENT ORGANIZER CERTIFICATION

I certify that all information provided is accurate and complete.

Applicant Name: _____

Title: _____

Signature: _____

Date: _____



East Boise County EMS District
Mass Gathering Request Application

FOR EBCED USE ONLY

Date Received: _____

Reviewed By: _____

Risk Level:

- ☐ Low
- ☐ Moderate
- ☐ High
- ☐ Extreme

Coverage Approved:

- ☐ Yes
- ☐ No

Resources Assigned:

- ☐ One Ambulance
- ☐ Two Ambulances
- ☐ UTV Team(s)
- ☐ Command Unit
- ☐ Supervisor
- ☐ Additional Personnel

Estimated Cost: _____

Chief of Operations Approval:

Signature: _____

Date: _____



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Fee Structure for Mass Gathering/Standby Services

Effective October 1, 2025

- Two-person standby service with medically equipped Ambulance or Medical supplies for First Aid Booth \$125/hour. Note, if patients require transport or more advanced care, they will be billed individually.
- First Aid shade tent with table and chairs \$50.00 day rate
- Each Additional EMT Personnel \$60 /hour
- Supervisor(s) \$80/hour One Supervisor will be required when 4 to 11 crew members are scheduled for a standby event.
- Two Supervisors will be required when 12 or more crew members are scheduled for a standby event.
- All-Terrain Vehicles \$250 per day of an event (only if available)
 - ATV charge will be in addition to the hourly rate for the personnel

Times of service will include a minimum of one hour of total travel time for events outside of Idaho City.

Prices include all planning or preparation time, unless otherwise agreed upon prior to the standby.

The minimum time duration for a standby is three hours.