

Request for First Aid Coverage

Applicant's Particulars

Organization / Department : _____

Address : _____

Name of Contact Person : _____ Mr. / Miss / Ms.

Position : _____

Tel.: _____ Mobile Phone : _____

E-mail : _____ Fax : _____

Details of the Function

Name of the Activity : _____

Nature of the Activity : _____

Date : _____ Time : from _____ to _____ hours

Place : _____

No. of Participant : _____

No. of First Aider Required : _____

Please complete and return this form to the following address :

AUXILIARY MEDICAL SERVICE
81 Princess Margaret Road,
Ho Man Tin, Kowloon

Tel.: 2762 2011 Fax: 2715 0245

E-mail : info@ams.gov.hk

Remarks : Application should be forwarded to AMS HQ at least 14 clear working days before the function.