



## MT EMSC/CHILD READY MT



### TRAINING MANIKIN **CHECK OUT** FORM

NAME OF CONTACT PERSON: \_\_\_\_\_

NAME OF FACILITY/SERVICE: \_\_\_\_\_

PHYSICAL MAILING ADDRESS: (no PO Boxes)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE NEEDED: \_\_\_\_\_

MANIKIN TYPE(S)-- CHECK THE MANIKIN TYPE(S) NEEDED:

\_\_\_\_\_ OB pelvic manikin with twins

\_\_\_\_\_ Pediatric IO

\_\_\_\_\_ Pediatric Airway

\_\_\_\_\_ Pediatric Nick special needs baby comes with scenario booklet

\_\_\_\_\_ AED trainer with pediatric pads

\_\_\_\_\_ Pediatric manikin ALS trainer comes with scenario booklet

\_\_\_\_\_ High def manikin available for mock codes (schedule with Jason Mahoney with 373 Consulting  
jason@373consulting.com)

**WITHIN ONE WEEK FROM ABOVE DATE --SHIP BACK TO:**

MT DPHHS, EMSC/CHILD READY

ATTN: ROBIN SUZOR

COGSWELL BUILDING

1400 BROADWAY C314A

HELENA MT 59620

Willing to write a short synopsis of your training? Send to [rsuzor@mt.gov](mailto:rsuzor@mt.gov).