



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 C303

HELENA MT 59620

Willing to write a short synopsis of your training? Send to rsuzor@mt.gov.