

# INJURY PREVENTION PROGRAM REQUEST

Contact Name \_\_\_\_\_

Address of Event \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

Contact Phone \_\_\_\_\_

Email \_\_\_\_\_

Program Requested (CIRCLE)	Date Requested	Time Requested (i.e. 2:00-4:00p)
Stop the Bleed		
Concussion Prevention		
Bicycle/Pedestrian Safety		
ThinkFirst for Teens		
Older Adult Fall Prevention		
Other:		

You will receive an email to confirm event request.

Thank you for your interest in UK HealthCare Level 1 Trauma Center’s Injury Prevention Programs

### Questions?

Contact: Outreach/Injury Prevention Coordinator

UK HealthCare Level 1 Trauma Center

Trauma Program Office

O: 859-859-323-2403

**SUBMIT**