

Michigan
System Protocols
REGIONAL PROTOCOL AGREEMENT

Date: July 2004

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Regional Protocol Agreement

This agreement is made and entered into this ____ day of _____ 2004 by and between the Medical Control Authorities identified below.

WHEREAS, the Medical Control Authorities identified are duly appointed by the Michigan Department of Consumer and Industry Services to provide medical oversight of EMS agencies and personnel, and

WHEREAS, Medical Control Authorities are responsible for oversight of EMS activity in their geographic region, and

WHEREAS, EMS units from one Medical Control Authority may provide care to patients within the geographic region of another Medical Control Authority.

IT IS THEREFORE AGREED THAT EMS agencies will operate under the protocols, policies and procedures established by the State Model Protocols or their local Medical Control Authority on those occasions when they are treating patients within the geographic region of another Medical Control Authority.

This agreement will remain in effect until modified or revoked in writing by either party within 30 days written notice.

Name of Medical Control Authority

Printed Name and Signature of Medical Director

Date

Name of Medical Control Authority

Printed Name and Signature of Medical Director

Date

Name of Medical Control Authority

Printed Name and Signature of Medical Director

Date

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Date