

**School of Health and Public Safety  
Lifesaver Award Nomination Form**

To recognize SAIT alumni, staff, faculty or students who have provided life-saving assistance in emergency situations.

**Nominations may be submitted by:**

- Any individual witnessing the emergency and intervention
- The individual(s) who performed the life-saving measure
- The recipient of the life-saving service.

**Name of Nominator:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Mailing address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Name of Lifesaver:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Mailing address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Is the Lifesaver aware that this nomination is being submitted?**       **Yes**    **No**

**Date the incident occurred:** \_\_\_\_\_

**Location of the incident:** \_\_\_\_\_

Please provide a brief overview of the incident and support for the nomination (250 words max)

Recipients are selected at the discretion of the Dean, School of Health and Public Safety. You will be contacted within one month of your submission of this form.