

# APPENDIX A

**East Texas Gulf Coast Regional Trauma Advisory Council  
REGIONAL TRAUMA SYSTEM PLAN  
Signature Page**

I have read and reviewed the East Texas Gulf Coast Regional Trauma System Plan. I understand this is a regional and overarching plan and may not reflect the practice of my institution.

Approval of Trauma Medical Directors, EMS Directors and EMS Administrators:

\_\_\_\_\_  
Facility / Service

\_\_\_\_\_  
Name of the Trauma Medical Director  
or EMS Medical Director

\_\_\_\_\_  
Name of EMS Administrator

\_\_\_\_\_  
Signature of the Trauma Medical Director  
or EMS Medical Director

\_\_\_\_\_  
EMS Administrator Signature

\_\_\_\_\_  
Date