

**HARRISON TOWNSHIP FIRE DEPARTMENT
MEDIC RIDE ALONG RELEASE FORM**

MUST BE SUBMITTED ONE (1) WEEK IN ADVANCE

DATE _____

Only EMS students currently enrolled at either Sinclair Community College or Clark State College with a valid student identification card will be permitted to participate in the Harrison Township Fire Department Ride Along Program. **A copy of your Student I.D. and Ohio Driver's License must be presented** when requesting to participate in the Ride Along Program. (MCSO Exempt from Student I.D. requirement)

HAVE YOU EVER PARTICIPATED IN A RIDE ALONG BEFORE ? YES OR NO

IF YES, WHERE AND DATE _____

I (Please Print Name) _____ HEREBY RELEASE HARRISON TOWNSHIP FIRE DEPARTMENT AND HARRISON TOWNSHIP MONTGOMERY COUNTY, OHIO, AND ITS EMPLOYEES OF ALL LIABILITY IN THE EVENT THAT THE UNDERSIGNED SUSTAINS ANY INJURIES WHILE RIDING IN OR UPON TOWNSHIP VEHICLES OR WHILE ACCOMPANYING TOWNSHIP EMPLOYEES IN THE COURSE OF THEIR DUTIES.

RIDE ALONG TIME ONLY PERMITTED BETWEEN 0700 – 1900 HOURS. _____

NO EXCEPTIONS

Please Initial

PHONE NUMBER (s) _____

DATE _____

EMT-B EMT-I EMT-P (circle one)

SINCLAIR GOOD SAM CLARK STATE MVCTC

UPPER VALLEY M/C GCCC MCSO
(circle one)

DATE REQUESTED TO RIDE ALONG _____
(A separate form for each date is required)

TIME REQUESTED TO RIDE ALONG _____

PLEASE SUBMIT A COPY OF CURRENT SCHOOL I.D. WITH YOUR REQUEST.

HARRISON TOWNSHIP FIRE DEPARTMENT IS IN COMPLIANCE WITH THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA). WE ARE COMMITTED TO PROTECTING THE CONFIDENTIALITY OF PROTECTED HEALTH INFORMATION (PHI) AND MAINTAINING THE INFORMATION IN A SECURE AREA. I UNDERSTAND THAT ALL PATIENT INFORMATION MUST BE KEPT CONFIDENTIAL.

SIGNATURE _____ DATE _____

WITNESS _____ DATE _____

FOR OFFICE USE ONLY

ASSIGNED BATALLION CHIEF _____ ASSIGNED SHIFT _____

TWP. PERSONNEL ASSIGNED TO TRAINING _____ STATION #: _____

B/C'S SIGNATURE: _____ DATE _____

FIRE CHIEF APPROVAL _____ DATE _____