HARRISON TOWNSHIP FIRE DEPARTMENT VISITORS RELEASE FORM

MUST BE SUBMITTED ONE (1) WEEK IN ADVANCE

(CHECK ONE)

AMBULANCE FIRE COULD YOU PLEASE EXPLAIN YOUR REASONS FOR	-	ONG WITH HARR	ISON TO	WNSHIP?
HAVE YOU EVER PARTICIPATED IN A RIDE ALONG	BEFORE ?	YES	OR	NO
IF YES, WHERE AND DATE				
I (Please Print Name) FIRE DEPARTMENT AND HARRISON TOWNSHIP				
LIABILITY IN THE EVENT THAT THE UNDERSIGNE VEHICLES OR WHILE ACCOMPANYING TOWNSHIP				UPON TOWNSHIP
RIDE ALONG TIME ONLY PERMITT NO EXCER		700 – 1900 HC	OURS.	Please Initial
MUST SUBMIT A PICTURE ID WITH THIS FORM	SIGNATURE			
	PHONE NUMBER (s)			
	TODAY'S DATE			
	ORGANIZATION			
RELATIVES OF HTFD PERSONNEL WILL NOT	ARE YOU AN EMT or PARAMEDIC STUDENT?			
RIDE IN THE SAME STATION WHEN ON DUTY	DATE REQUESTED TO RIDE ALONG(A separate form for each date is required)			
	(A separate form for eartime REQUESTED T	-		
HARRISON TOWNSHIP FIRE DEPARTMENT IS IN CACCOUNTABILITY ACT OF 1996 (HIPAA). WE A PROTECTED HEALTH INFORMATION (PHI) AN UNDERSTAND THAT ALL PATIENT INFORMATION	RE COMMITTED TO MAINTAINING THE	PROTECTING THE INFORMATION	IE CONF	IDENTIALITY OF
SIGNATURE		DATE		
WITNESS		DATE		
FOR OFFIC	E USE ONLY			
ASSIGNED BATALLION CHIEF		ASSIGNED SHIFT		
TWP. PERSONNEL ASSIGNED TO TRAINING		STATION #:		
B/C'S SIGNATURE:		DATE		
FIRE CHIEF APPROVAL		DATE		

REVISED 04/22