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 __________________

REVISED 05/13