



## Romulus Fire Department

### Ride-Along Packet

All riders must complete this packet and turn it in to an officer for approval. Ride-alongs are NOT permitted unless this packet is complete and approved by an officer.

#### RIDER INFORMATION

FULL LEGAL NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS (STREET): \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

REQUESTED RIDE-ALONG DATES: \_\_\_\_\_

\_\_\_\_\_

#### EMERGENCY CONTACT

NAME: \_\_\_\_\_ RELATION TO RIDER: \_\_\_\_\_

PHONE: \_\_\_\_\_ ADDRESS (STREET): \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

#### APPLICATION APPROVAL (FOR DEPARTMENT USE ONLY)

REVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

ALL FORMS AND SIGNATURES COMPLETE? YES: [ ] NO: [ ]

APPROVED: [ ] DENIED: [ ] DENIAL REASON: \_\_\_\_\_

APPLICANT NOTIFIED OF DENIAL OR ACCEPTANCE ON (DATE): \_\_\_\_\_



## Romulus Fire Department

### Ride-Along Guidelines

There are inherent risks involved in participating in a ride-along and all riders are required to fully read, understand, and agree to the instructions and waivers in this packet. With the appropriate safeguards, non-EMS personnel can ride safely and gain a good perspective on EMS operations and the types of services Romulus Fire Department provides.

#### DRESS / EQUIPMENT:

All riders are expected to wear appropriate attire while on a ride-along. This includes: dark navy, blue or black pants, and black shoes or boots. Dark navy blue t-shirt (short sleeve or long sleeve) is preferred and it must not contain advertising or emblems. Romulus Fire Department jackets are available to riders.

#### CONDUCT / SAFETY:

All riders are expected to strictly adhere to the safety and conduct guidelines outlined below:

- You must follow ALL directions given to you by fire and EMS personnel.
- At the direction of the crew, you must wear any necessary personal protective equipment.
- You must, at all times, be in the immediate vicinity of the ambulance crew unless directed otherwise. If you need to leave the station, ambulance, or crew for any reason, you must notify fire and EMS personnel.
- You must wear a seatbelt at all times when riding in a vehicle that is in motion.
- You may assist with patient care only with directed by an EMS crew member and you must only perform duties specified by that crew member.
- You are expected to behave professionally and courteously to patients, bystanders, crew members, and other agencies involved with a call.
- You must immediately report any injury, illness, or other problem to a crew member.

A rider who violates any safety or conduct guideline may have their ride-along terminated.

Please carefully read and agree to the following statement:

I, \_\_\_\_\_, have read the above Romulus Fire Department ride-along guidelines and I agree to abide by them. I understand that a violation of any of the above policies is grounds for termination of my ride-along. I also consent to the use of my photograph, name, and address by the City of Romulus to publicize and make reports about this ride-along program.

Rider's Signature \_\_\_\_\_ Date: \_\_\_\_\_



## Romulus Fire Department Confidentiality (HIPAA) Guidelines

Federal law prohibits the unauthorized sharing of patient information. Patient information such as their name, demographic data, medical condition, or any other identifying information is strictly confidential and is NOT to be disclosed, in any form, to anyone except ambulance personnel and others who are authorized under HIPAA to receive such information. Riders are encouraged to treat ALL patient information as confidential and to consult the ambulance crew with any questions regarding HIPAA laws.

Please carefully read and agree to the following statement:

I, \_\_\_\_\_, will treat all patient identifiable information as strictly confidential. This information includes, but is not limited to, the patient name, address, phone number, date of birth, age, social security number, medical condition, treatment received, and past medical history. I will not share, in any form, patient identifiable information with friends, family or others who are not directly involved with patient care. If, at any time during or after the ride-along, I am asked a question about a patient, I will refer the asking person to the ambulance crew or fire department officers. I understand that if I disclose patient identifiable information, even unintentionally, I may be subject to civil and/or criminal penalties.

Rider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Romulus Fire Department

## Waiver of Rights

In participating in a ride-along with Romulus Fire Department, the undersigned waves any and all rights that he or she might have to claim damages, compensation, or remuneration in any form from Romulus Fire Department, the City of Romulus, and employees.

These rights specifically pertain to any injuries to the undersigned while he/she is a passenger in any ambulance or other vehicle owned operated by Romulus Fire Department or the City of Romulus, or to any injuries sustained in the course of responding to a call including while in rout, on scene, or at any facility.

The inherent dangers associated with a ride-along include, but are not limited to, accidents involving the ambulance, negligent or intentional tortuous acts by a third party person, exposure to communicable diseases, and various accidents during the provision of emergency medical treatment. I also understand that I may witness traumatic injuries or events that may leave a lasting impression.

As used herein, the word "injuries" shall include bodily injuries, injuries to personal properties, mental anguish, emotional distress and/or death resulting from any such bodily injuries. All reference herein to the undersigned shall include not only the individual actually signing this document, but also his or her personal representative, heirs, and survivors.

In addition to waiving rights as specified above, the undersigned, by signing this document, represents that he/she has read, understood, and received a copy of this document; that he/she is 18 years of age or older; and that he/she is fully aware of the risks inherent in participating in the ride-along. The undersigned also acknowledged that if any single provision of this Waiver of Rights is declared unenforceable that such declaration has no effect on the enforceability of the remainder of the Waiver. This Waiver of Rights shall become effective upon signing.

I, the undersigned, do hereby agree that for and in consideration of riding along in an emergency response vehicle of the Romulus Fire Department, I do hereby waive my rights and release the City of Romulus, the Romulus Fire Department, it's officers, commissioners, agents or employees, participants, and if applicable, owners and lessors of premises, from any and all liability, claims, demands, losses, costs, judgements or damages, which might occur because of my riding along or involvement in this program.

I expressly assume the risk of this venture and understand that I may be in some greater or lesser danger because of my involvement. I further state affirmatively that I am either self-insured or have adequate health insurance protection to cover any injury, which I might sustain.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Clearly Print Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Clearly Print Name: \_\_\_\_\_

In the presence of:

\_\_\_\_\_

Subscribed and sworn to before me, a Notary Public, on this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_

My Commission Expires: \_\_\_\_\_

Notary Public

Wayne County, State of Michigan

Department Approval Signature: \_\_\_\_\_