

Polson/ Ronan Ambulance Service
904 2nd St. E.
P.O. Box 838
Polson, MT 59860

Polson/ Ronan Ambulance Service Ride Along Program

As a part of the ride along, you are asked to be an observer only in field conditions. As an observer you will not participate in the response or patient care. If you are given an order by the team leader or the incident commander, you will follow it. Emergency response may expose you to harm and you may cause harm to others if you do not follow direct orders.

The purpose of the Polson/ Ronan Ambulance Service Ride Along is to familiarize persons with actual field conditions. This opportunity is considered a privilege and not a right. Polson/ Ronan Ambulance Service personnel reserve the right to postpone, cancel and/ or revoke the privilege of riding without cause.

Professionalism, courtesy, and patient confidentiality are mandatory. Any participant that breaches confidentiality shall be removed from the program immediately. You are not allowed to discuss, disclose, or give information to any person, or agency outside of the crew directly involved in the event or service manager. Only under direct court order may information be disclosed outside of Polson/ Ronan Ambulance Service.

Participants shall listen carefully to instructions given by the ambulance personnel and shall remain with the crew member at all times unless otherwise instructed. Any injury or illness experienced should be reported to ambulance personnel and manager.

An observer is not allowed to provide patient care. Such observer is responsible to notify the ambulance crew of their level of comfort and training in the emergency care setting.

Prior to making your first observation, your request must be approved and signed by the service manager. The following information is confidential and will not be disclosed.

Name: _____ Date of Birth: _____

Address: _____ Phone #: _____

_____ Cell #: _____

Please indicate level of medical training/certification/ affiliation: List License Numbers if applicable.

- CPR
- First Responder/ Student: _____
- EMT-B/ student: _____
- EMT-Intermediate/ student _____
- EMT- Paramedic/ student: _____
- Registered Nurse: _____
- Physician: _____
- Other: _____

Polson/ Ronan Ambulance Service
904 2nd St. E.
P.O. Box 838
Polson, MT 59860

Waiver of Damages

In consideration for the opportunity to observe and pursue my training and education, I hereby waive any and all rights that I might have to claim damages, compensation, or remuneration in any form from Polson/ Ronan Ambulance Service, Polson Ambulance Service. These rights specifically pertain to any injuries to me while I am a passenger in any ambulance or other vehicle owned by the Polson/ Ronan Ambulance Service or Polson Ambulance.

As used herein, the word "injuries" shall include bodily injuries to personal, property, mental anguish, emotional distress, and death resulting from any such bodily injuries. I hereby waive these rights for myself, heirs, successors and assigns.

In addition to waiving rights as specified above, I represent:

1. That I have read and understand this and all documents provided to me
2. That I am over 18 years of age; and
3. That I am aware of the risks inherent in riding in an ambulance or other vehicle operated for emergency services.

Date this _____ day of _____, 20____

(Signature)

(Printed Name)

Approved for Participation by:

(Signature)

(Printed Name)

Polson/ Ronan Ambulance Service
904 2nd St. E.
P.O. Box 838
Polson, MT 59860