



MASON CITY FIRE DEPARTMENT

350 5th St. SW | Mason City, IA 50401

T: 641.421.3640 | F: 641.421.2710

E: mcfire@masoncity.net

RECEIPT AND ACKNOWLEDGEMENT

I, _____, acknowledge that:
Student's Name

- I have received and understood the policies contained in the Mason City Fire Department's EMS Program Handbook for EMT Student Ride-Along Program.
- I have received, understood and signed the Department's Pledge for Confidentiality and Protection of Personal Health Information.
- I have received, understood and signed the Department's Waiver and General Release of Liability.
- I understand that violation of the policies set forth in the Handbook or the Pledge of Confidentiality may be grounds for dismissal from the Mason City Fire Department's Ride-Along Program.

Signature

Student's Name (Printed)

Date