



MASON CITY FIRE DEPARTMENT

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

T: 641.421.3640 | F: 641.421.2710

E: mcfire@masoncity.net

EMS Student Ride-Along Program

In this packet, please find the Mason City Fire Department's EMS program Handbook for its EMS Student Ride-Along Program. Please note, there are three forms which must be signed before you start your ride time. These forms can be signed here at the Department at the beginning of your first ride time if during regular business hours.

Please familiarize yourself with the information contained in the Handbook and review the forms. If you have any questions prior to your first ride, please feel free to give me or the Captain a call at the station at 641.421.3640

Sincerely,

Mitch Smith
Deputy Chief - EMS



MASON CITY FIRE DEPARTMENT

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

T: 641.421.3640 | F: 641.421.2710

E: mcfire@masoncity.net

CONFIDENTIALITY AND PROTECTION OF PROTECTED PERSONAL HEALTH INFORMATION

I, the undersigned, understand that the Mason City Fire Department's policy on confidentiality covering "Protected Personal Health Information". I understand that this policy applies to my association with the Mason City Fire Department through the EMS Student Ride-Along Program. I understand that safeguarding confidentiality is an integral part of the terms and conditions of my participation in the Ride-Along Program. I hereby agree that I will not, at any time during or after my participation in the Ride-Along Program access or use personal health information or reveal or disclose to any party within or outside the Mason City Fire Department any personal health information except as may be required in the course of my duties and responsibilities and in accordance with applicable legislation and organizational policies governing proper release of information. I also understand that unauthorized use or disclosure of such information will result in disciplinary action resulting in my expulsion from the EMS Student Ride-Along Program and the possible imposition of fines pursuant to applicable state and federal laws. Confidentiality extends to communications in all means and forms and I will be responsible for taking actions that actively safeguard against any unauthorized release of information ensuring compliance with the Mason City Fire Department's policy.

Signature of Individual

Date

Printed Name of Individual



MASON CITY FIRE DEPARTMENT

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

T: 641.421.3640 | F: 641.421.2710

E: mcfire@masoncity.net

WAIVER AND GENERAL RELEASE OF LIABILITY

Whereas, the Mason City Fire Department (MCFD) provides the community with fire and emergency medical services thereby responding to emergency situations. I, the undersigned, wish to accompany the MCFD Fire and EMS units and personnel on calls during my internship. I do voluntarily undertake said participation as set forth.

In consideration of my being permitted to ride with the Mason City Fire Department, I

voluntarily and knowingly execute this Waiver and General Release of Liability with the express intention of releasing MCFD, its officers, officials, agents and employees from and against all liabilities, claims, actions, damages, losses or expenses arising out of or due to my participation in the MCFD Internship/Student Ride-Along Program including, without limitation, injury, illness or death which may be suffered before, during or after such participation.

I hereby acknowledge that my riding with units and personnel of MCFD is not in any manner to be construed as being employed by or a promise of employment by the Mason City Fire Department, nor does it create any agency relationship.

I hereby accept and assume all risks to myself involved in participating in the MCFD Internship Student Ride-Along Program and fully assume all responsibility for any injury, damage or claim of any nature whatsoever that may result from such participation. Furthermore, the undersigned understands that this Waiver and General Release of Liability includes provisions for waiver of any claims based on negligent action or inaction of the Mason City Fire Department, the City of Mason City, their officers, officials, agents and employees. The undersigned has elected to assume all such risks.

IN WITNESS WHEREOF, this _____ day of _____, 20____.

Signed, in the presence of:

Captain/Acting Captain

Date

Participant

Date



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