



EMS SHIFT

- Medical students are required to do 1 EMS ride-along shift during the emergency medicine rotation. Students will ride-along on fire trucks with pre-hospital personnel who respond to emergencies around Broward County. The EMS shift will start at 8 am and will last approximately 12 hours.
- Students should wear long pants, a shirt with sleeves, and closed toe shoes.
- Bring lunch/snacks or money for lunch.
- Students should complete the form on the 2nd page and email back to Chief Daniel Oatmeyer for approval. Students need to bring a photo ID when they report to the station.
- The locations of the fire stations can be found here:
<http://www.fortlauderdale.gov/departments/fire-rescue/fire-stations>

If you cannot make the EMS ride-along shift, you need to notify the following individuals:

Chief Daniel Oatmeyer

305-968-3509

danielo@fortlauderdale.gov

Rachel Finn

954-459-2094

rfinn@browardhealth.org



**REQUEST FOR PERMISSION TO RIDE AS AN OBSERVER
AND
HOLD-HARMLESS AGREEMENT**

The undersigned being over the age of eighteen, does hereby request the Fort Lauderdale Fire-Rescue Department for permission to ride solely as an observer in an authorized Fort Lauderdale Fire-Rescue Department motor vehicle. This observation is for the purpose of educational benefit. If permission is granted, I hereby agree at all times to obey all instructions, orders and directives given me by the officer or officers in command whether it be in or at the fire station, on any fire department vehicle or at any incident scene. I fully realize and appreciate the basic nature of fire department work and the possibility that situations will arise which might result in exposure to danger or physical harm or injury, including, but not limited to, motor vehicle accidents. I nevertheless freely and voluntarily accept these risks. I further agree to keep confidential anything which I may observe when requested to do so by members of the Fort Lauderdale Fire-Rescue Department. Additionally, I understand that I cannot take any photographs, video or other imaging (analog or digital) without the express written consent of the Fire Chief or their designee. I further understand and agree that any medically related patient information shall not be disseminated in any form under penalty of law (HIPAA). Finally, I understand that the privilege of riding as an observer may be terminated at any time without notice by the Fort Lauderdale Fire-Rescue Department.

WHEREFORE, in consideration of the educational benefit to be received and the granting of the above request, I hereby agree to hold the City of Fort Lauderdale, its Commission, Fort Lauderdale Fire-Rescue Department and its Fire Chief, City of Fort Lauderdale employees, agents and servants harmless from any and all liability to me for bodily injury or property damage whether proximate or remote, sustained during the period of time I may be in the capacity of an observer as aforesaid.

_____	_____	_____
(Print Name)	(Home Address)	(Telephone Number)
_____	_____	_____
(Signature)	(City)	(State, Zip)
_____	_____	_____
(Age)	(Date of Birth)	(Occupation)
_____	_____	_____
(Fire Department Witness - Print)	(Witness - Signature)	(Rank)

Approved: _____ For _____
(Deputy Fire Chief – Print & Signature)

Unit Assigned: _____

(Date and Time Period)