

MEDICAL TRANSPORTATION

10 South White Street, Poughkeepsie NY 12601 Tel 845.704.8000 - Fax 845-531-5660

Ambulance Observer Application Print Legibly or Type

Full Name:	
Address:	
Telephone:	
Emergency Contact:	
Emergency Contact Telephone:	
Reason For Ride Along:	
I understand that as an observer I must abide by all EMStar p the crew or any authorized agent of EMStar in the case of 91° anyway, with the performance of the crew or others. I further a audio or photographic devices including picture phones. Perm discretion of the crew, supervisor or management. To the best of my knowledge I am free of disease and not suf I have received, reviewed and understand the federal regulati pathogens. In consideration of the permission granted by EMStar to ride a EMStar crew, I, by my signature below, agree to hold harmly and forever by me, my heirs or assigns for illness or death or observer riding on EMStar emergency vehicle observing the EI hereby acknowledge that I am voluntarily assuming any and	I operations and EMS supervision. I will not interfere, in agree not to enter a private dwelling with any video, hission can be revoked at anytime for any reason at the fering from any contagious or infectious disease. ons and fact sheet regarding exposure to blood borne on an emergency vehicle and observe the operations of ess and release EMStar from liability for all claims now damage to property as a result of participation as an EMStar crew operations.
Signature of Observer	Date
Witness	Date
Authorized Unit and Observation Dates	
Unit Date	