



Acknowledgement of Ride-Along Dress Code Policy

I, _____ have received a copy of OSF Saint Francis Medical Center's Life Flight Ride Along Dress Code policy. I have read and fully understand the policy and realize that breach of this policy will hinder further educational opportunities within OSF Saint Francis Medical Center Life Flight and its affiliated facilities. Participants arriving with inappropriate dress will forfeit their Ride Along shift.

(Print Name)

(Signature)

(Date)