



Supervisor/Training Officer Acknowledgement of Ride Along

Your signature below verifies your knowledge and agreement with your employee's participation in OSF Saint Francis Medical Center Life Flight's Ride Along program. He/She will function in an observer capacity only and will not be asked to perform any patient care functions. For their participation in this program, he/she will receive continuing education hours.

I hereby attest that _____ is an employee of _____
and is eligible to participate in OSF Saint Francis Medical Center's Life Flight Ride
Along program.

(Print Name)

(Signature)

(Title)

(Date)