

Northwest Community Healthcare (NCH)
PARAMEDIC PROGRAM

Emergency Preparedness Exercise Consent & Release Statement

I may be requested to participate in an Emergency Preparedness Exercise conducted by Northwest Community Hospital (NCH) and/or the Northwest Community EMS System (NWC EMSS).

I understand that these exercises are required of hospitals by the Joint Commission and for EMS Agencies so as to enable them and other health care and public safety organizations to meet their duty to care for patients in the event of a multiple patient incident arising from all hazards.

I understand that as a participant in the Exercise, I may have make-up/mouflage applied to me that as far as the exercise coordinators are aware are non-toxic to human skin, so as to look like a simulated casualty. I may have my clothing soiled or torn and I may be transported in the same manner as real patients by backboard, scoop stretcher, stretcher, wheelchair, or by some other conveyance device or method. In addition, it may be necessary for me to travel from the staging area or casualty collection area to a hospital by whatever means is deemed necessary by the Incident Commander, Transportation Officer, or Drill planners including but not limited to car, van, bus, ambulance, etc.

I attest and affirm that I do not have any medical condition that would preclude my participation in an exercise.

I release and fully discharge NCH, and its employees, agents, and representatives, from any claim, damages, liability, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I represent and certify that my true age is at least 18 years old and am competent to contract in my own name. I have read this entire Consent and Release form. I fully understand the contents, meaning, and impact of this release and agree to be bound by it.

Student PRINTED NAME _____

Date _____

Student signature _____

NCH Paramedic Program representative _____

Phone _____

Email: _____