

Surfside Beach EMS – Ride-Along Program Policy & Request Form

Surfside Beach EMS is proud to offer a Ride-Along Program for individuals interested in learning more about the field of emergency medical services. This program allows community members, students, and prospective EMS personnel to observe the day-to-day operations of an emergency medical unit.

Program Overview

Ride-alongs are conducted from 7:00 AM to 5:00 PM. Please note that due to call volume, end times may be delayed. Participants are required to choose three preferred dates, and we will confirm availability with you.

Eligibility Requirements

- • Must be at least 16 years of age.
- • Participants under 18 must have signed parental/guardian consent.
- • Must be in good physical and mental health.
- • Must agree to abide by all Surfside Beach EMS rules, regulations, and instructions given by EMS staff.

HIPAA & Confidentiality Agreement

As a Ride-Along participant, you may be exposed to protected health information (PHI) covered under the Health Insurance Portability and Accountability Act (HIPAA). You are strictly prohibited from disclosing, discussing, photographing, recording, or sharing any information about patients, incidents, or calls witnessed during your ride-along.

Violation of this policy is grounds for immediate termination of the ride-along and may result in legal penalties.

Dress Code & Professional Conduct

Participants must wear clean, professional clothing (e.g., polo or collared shirt, slacks, closed-toe shoes). No jeans, shorts, tank tops, sandals, or offensive logos are allowed. Participants must remain respectful, follow all instructions, and may not interfere with patient care.

Waiver of Liability

I understand that participation in the Ride-Along Program may expose me to risks associated with emergency medical services, including potentially hazardous environments. I hereby release Surfside Beach EMS, its personnel, and the Village of Surfside Beach from any liability related to personal injury or loss occurring during my participation.

Ride-Along Request Form

Full Name: _____

Date of Birth (MM/DD/YYYY): _____

Phone Number: _____

Email Address: _____

Mailing Address: _____

City, State, Zip: _____

Preferred Ride-Along Dates (Choose 3)

1st Preferred Date: _____

2nd Preferred Date: _____

3rd Preferred Date: _____

Emergency Contact Information

Name: _____

Relationship: _____

Phone Number: _____

Parental Consent (Required if under 18)

Parent/Guardian Name: _____

Signature: _____

Date: _____

Contact information: _____

Participant Acknowledgment

I certify that I have read and understand all policies outlined in this document. I agree to comply with all rules, including HIPAA confidentiality, dress code, and behavior expectations.

Participant Signature: _____ Date: _____

Please submit this completed form to the EMS Director at: emsdirector@surfsidetx.org