



PennState Health
Milton S. Hershey
Medical Center

Life Lion Ride-along Program Observer Profile Form

Date: _____

Name:	Age:	Weight:	pounds
Address:			
Phone:			

Title: EMT Paramedic RN MD/DO Resident/Medical
 Student Other:

Primary Affiliation/Employer/Educational Institution:
PMH:
MED:
ALLERGIES:
EMERGENCY CONTACT:
PHONE:

Please provide a brief statement on what you expected to gain from this experience:

TO BE COMPLETED ON DAY OF THE RIDE ALONG:

FAA Safety Briefing: I have participated in the required FAA Safety Briefing at LIFE LION offered by _____. I understand the information and instructions given by him/her, and will follow the direction of the pilot and crew members that I am assigned with to ensure maximum aviation safety.

Observer weight: _____ (measured by crew at time of safety brief - **maximum weight 225 lbs**)

Observer's Signature: _____ Date: _____

Crew Member Signature: _____ Date: _____