



**PARENT AGREEMENT FOR STUDENT
“RIDE-ALONG”
Emergency Vehicles Only**

WASHINGTON COUNTY SCHOOL DISTRICT

WORK-BASED LEARNING

Student Intern Name _____
Please Print

Parent/Guardian of Student Intern:

I give my permission for my child to “ride along” with the emergency personnel, with the following understandings:

- I understand that there is a risk of serious injury or death while accompanying the police, fire, ambulance crews or paramedic personnel during their official duties.
- I understand that my child must follow the instructions given to him/her quickly and without hesitation.
- I understand that my child must remain in the ambulance or fire vehicle if the situation is a crime scene or as instructed by emergency personnel.
- I understand that my child may be requested to assist if necessary.
- I understand that my child may see graphic and uncomfortable situations.

PLEASE indicate by checking one of the following choices below:

I give my permission for my child to “ride along” in an emergency vehicle with his/her mentor during the internship experience.

I do not give permission for my child to “ride along” in an emergency vehicle with his/her mentor during the internship experience.

Parent/Guardian Signature

Date

Parent/Guardian (Please Print)

Daytime Phone #

