

---

# PARENT AGREEMENT FOR STUDENT “RIDE-A-LONG” Emergency Vehicles Only

## DAVIS SCHOOL DISTRICT WORK-BASED LEARNING

Student Name \_\_\_\_\_  
Please Print

### Parent/Guardian of Student Intern:

I give my permission for my child to “Ride-A-Long” with the Emergency Personnel. 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 quickly follow the instructions given to them without hesitation.
- ▶ I understand 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-A-Long” in an Emergency Vehicle with their employer during the internship experience.
- I do not give permission for my child to “Ride-A-Long” in an Emergency Vehicle with their employer during the internship experience.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian (Please Print)

\_\_\_\_\_  
Day time Phone #