



**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: \_\_\_\_\_