



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 expect to gain from this experience.

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's Signature: _____ Date: _____