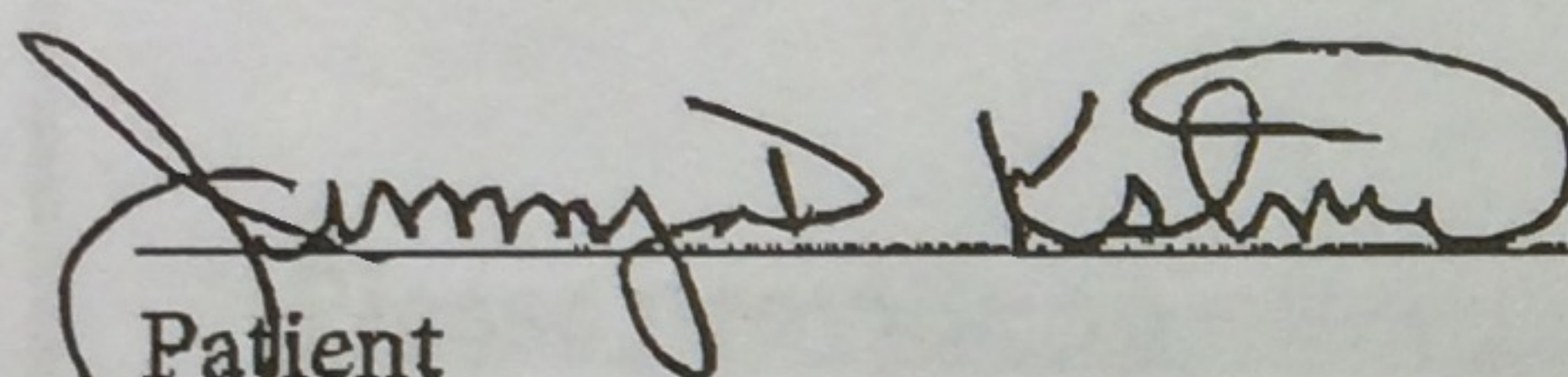


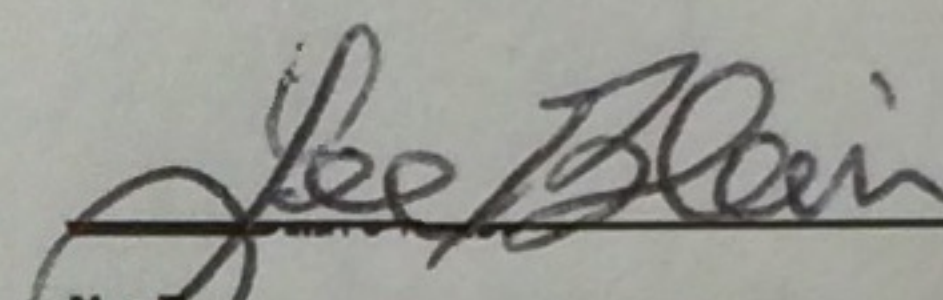


Permission is hereby granted to Tennessee Emergency Medical Services for Children Foundation (TN EMSC) to utilize the information contained in the EMS run report for my care that occurred on the \_\_\_\_\_ day of \_\_\_\_\_ (month), 2014 (year), in \_\_\_\_\_, Tennessee.

I understand that the EMS run report contains personal medical information that may, under state and federal laws, be considered confidential, and I hereby expressly waive my right to maintain the confidentiality of this medical information, so that the information in the EMS run report may be used by Tennessee Emergency Medical Services for Children Foundation in connection with the EMS Star of Life Award Ceremony. This release and waiver includes the potential publication of the information on television, radio and print media.

I also expressly waive any and all claims that I might have against the EMS service that prepared the EMS run report and/or against Tennessee Emergency Medical Services for Children Foundation, in connection with the use of this information for the EMS Star of Life Award Ceremony.

  
Patient

  
Witness

2-6-15  
Date

2/6/2015  
Date

Will you be able to attend the EMS Star of Life Awards Dinner & Ceremony  
(Selection will not be based on attendance)

☒ Yes  
☐ No