



## CHAFFEE COUNTY SEARCH AND RESCUE MEDICAL PROTOCOL ACKNOWLEDGEMENT FORM

I, \_\_\_\_\_, acknowledge that I have received a copy of the Chaffee County Search and Rescue Protocols.

I have received the protocols in the form of: (Please circle one)

Hard copy (in binder)

CD

Electronic copy

In addition, I agree to review these protocols and accept the responsibility for knowing and practicing as an EMS provider in accordance with them. I further agree to review any additional additions and/or changes that may be made to the protocols as they are distributed.

Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agency: Chaffee County Search and Rescue South