

ACKNOWLEDGMENT OF RECEIPT
of Pierce County Emergency Medical Services
January 2017 PROCEDURES and PATIENT CARE PROTOCOLS

I acknowledge receipt of one copy of the January 2017 Pierce County Emergency Medical Services Procedures and Patient Care Protocols (paper or electronic). I understand that these are the only approved guidelines and accepted standards of prehospital emergency medical care in Pierce County, Washington. I also attest that I am able to access a copy (paper or electronic) of the current Handbook of Emergency Cardiovascular Care for Healthcare Providers (a.k.a. "The AHA Handbook").

I additionally agree to review the Patient Care Protocols for updates, revisions, modifications, additions or deletions as disseminated by the Pierce County Emergency Medical Services Medical Program Director.

Name (print legibly)

Signature

Street/P.O. Box

Full Date of Birth: month/day/year

City, State, Zip

MSO/CES Signature

Date

Agency