PUBLIC HEALTH EMERGENCY PREPAREDNESS EXERCISE – April 14th 2018

REGISTRATION AND WAIVER FORM

LAST NAME FIRST NAME MI PREFERRED NAME

HOME ADDRESS CITY STATE ZIP CODE

On behalf of the County of Passaic and the West Milford Health Department, we thank you for volunteering to be an actor for our public health emergency preparedness exercise. The event is scheduled for April 14, 2018. Volunteers should report to Macopin Middle School at 9:00am.

Exercise Overview

You will be participating as a patient actor in a 'simulated' public health clinic exercise. You will be direct to different areas of the mock clinic depending on your assigned role.

Before the event, you will be given a complete orientation to the emergency preparedness exercise, the type of role you might be asked to play, the kinds of symptoms you should simulate and what actions are expected of you.

PERSON TO NOTIFY IN AN ACTUAL EMERGENCY:

NAME RELATIONSHIP ( ) - PHONE

ADDRESS CITY STATE ZIP ( ) - ALTERNATE PHONE

Please Print Name, Sign and Date

I _____ agree to participate in the Passaic County/ West Milford Health Department sponsored exercise on April 14th 2018.

- I agree to participate in the Exercise as a patient actor.
- I will hold harmless the County of Passaic, West Milford Health Department, Macopin Middle School and any other agency or its members participating in this exercise.
- I understand that all reasonable and customary safety measures will be performed to try to prevent injury or harm to me.
- I agree to go through training.
- I have read the Letter to Parents/Guardians, Patient Actor Information Sheet (reverse) and this Waiver and understand the expectations being asked of me.
- If for any reason I cannot take part in the exercise, I will notify the West Milford Health Department (973) 728-2726 as soon as possible.

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Signature_____ Date_____

Signature of parent/guardian (if under 18) _____

Printed name of parent/guardian (if under 18) _____