

Lexington County Emergency Medical Services

Citizen Shadow and EMT/Paramedic Clinical Program



We are so excited to host you as you experience the life-saving work of Lexington County EMS! Witness their 24/7/365 dedication. If you're considering a career in this high-stakes field, our Citizen Shadow and Precept Program offers a front-row seat. For Recruit or Explorer Program information, call 803.785.8683.

Criteria:

Anyone at least 18 years old (or a current LCEMS Explorer) with no significant criminal record may participate in the Citizen Shadow or Precept Program. **Participants between the ages of 14 and 17 can shadow in the Administrative, CAPE, or Training Bureaus.** Any participant younger than 18 will also need to have the parental release section below completed. This shadow program also requires any forms required by your school.

Rules for Citizen Shadow or Precept candidates:

- The Department reserves the right to terminate participation at any time due to operational or safety concerns or non-compliance with program rules.
- Participants must arrive clean and neat in appearance, wearing attire that aligns with our employees' dress code for seamless integration.
- Participants must obey the directives and guidance of the EMS Commanders and their assigned personnel.
- Participants must abide by any other specific ground rules given upon scheduling or arriving in person for the shift.
- The Shadow Program ID tag must be worn at all times during participation and returned at the end of the shift.
- No firearms may be carried while participating in any program.
- EMT/Paramedic students have continuous eligibility throughout their class, whereas others can participate for a limited period of 90 days.

Form MUST be complete and legible

* Participant's Full Name: _____ * Date of Birth: ____/____/____

* FULL Address: _____ * Phone: _____

* Gender: ____ * Race: ____ * Age: ____ * Email Address: _____

* Circle/Check one: ☐ EMT Student ☐ AEMT Student ☐ Paramedic Student ☐ Citizen Shadow ☐ Administrative ☐ Explorer

* EMT Instructor name (if applicable): _____ * Class End Date: ____/____/____

I, the undersigned, understand the inherent dangers associated with the accompaniment of Emergency Medical Services crews during the performance of their duties, and I freely assume the risks thereof. I will not hold the Lexington County EMS Department, the Director, any employee, or the County of Lexington liable for any injury, personal or property, sustained to me during participation in the Shadow program.

* Participants printed name: _____ * Date ____/____/____

By affixing my signature, I hereby acknowledge my agreement to the terms outlined in this document regarding the program.

* Participants Signature: _____ * Date ____/____/____

Emergency Contact Information

* Emergency Contact's full Name: _____ * Relation _____

* Emergency Contact's full Phone Number: _____

If participant is under 18, the following parental release section MUST be completed

By signing this form, I understand the inherent dangers of _____ (participant) accompanying Emergency Medical Services crews during the performance of their duties, and I freely assume the risks thereof. I will not hold the Lexington County EMS Department, The Director, any employee, or the County of Lexington liable for any injury, personal or property, sustained during participation in the Shadow program.

Parent or Guardian's full printed name: _____ Date ____/____/____

Parent or Guardian signature: _____ Date ____/____/____

.....**Department use only**.....

Criminal history verified ☐ Yes ☐ No Planning Captain Approval _____ Date _____