

## AUTHORIZATION AND RELEASE

I understand and acknowledge that, as an applicant for acceptance into the Loyola EMS System, it is my responsibility to provide sufficient information upon which a proper evaluation can be undertaken of my current license/certification, relevant training and/or experience, current competence, health status, character, ethics and any other criteria adopted by the Loyola EMS System.

I hereby authorize all individuals, institutions and entities, including but not limited to previous employers, administrators, EMS medical directors, and EMS coordinators with which I have been associated, government agencies and all professional liability insurers with which I have had or currently have professional liability insurance (including but not limited to claims history/loss run information), etc., who have knowledge concerning information requested in my application, to consult with and release relevant information to the EMS medical director, EMS administrative director, and EMS coordinator of the Loyola EMS System. Such information shall be privileged to the fullest extent permitted by law and the privilege shall extend to the EMS medical director, EMS administrative director, and EMS coordinator of the Loyola EMS System and their authorized representatives.

I hereby fully, absolutely, and unconditionally release from liability the Loyola EMS System, its staff, its agents, and all other individuals, institutions, and entities providing information in accordance with the authorizations contained herein for all their acts performed in good faith and without malice in connection with the investigation of my application and the release and of information authorized above. Such acts include but are not limited to the acts of preparing or completing any verifications, evaluations, recommendations, information requests, or forms that are provided by myself or the Loyola EMS System. This release shall be in addition to any other applicable immunities provided by law for peer review activities.

All information provided by me in conjunction with my application for system entry is true and complete to the best of my knowledge and belief. I understand and agree that any material misstatement in or omission may constitute grounds for denial of system entry or for summary dismissal from the Loyola EMS System.

I further acknowledge that I have read and understand the foregoing Authorization and Release.

A photocopy of this Authorization and Release shall be as effective as the original.

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

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

Please provide the following information which is necessary to secure the required history:

IDPH ID #: \_\_\_\_\_  
1/2013

