Michael F. Morrison RN
Trauma Nurses Talk Tough
Legacy Emanuel Hospital & Health Center
2801 N. Gantenbein Avenue, Office 2013
Portland, Oregon 97227
Phone: (503) 413-2672; Fax #413-2661
E-mail: mmorriso@lhs.org

Date: _____

To: High Risk Driver Course Participant,

Attached is the materials needed to register for the High Risk Driver Course. Please complete the Registration Form and the Consent and Contract. Return the Registration and Contract to this office as soon as possible; class size is limited. Please call the office to verify which class dates has available space before indicating the date you plan to attend the course. The classes fill very fast and seating is limited.

The office number is (503) 413-2672 for questions or if you need to reschedule the course date. I look forward to seeing you at class.

Thank you,

Mike Morrison

_____Registration date (office use only) _____ Sending in contract

High Risk Driver Course
Participant Registration

Pre-registration required, please print clearly! Complete all information possible and return to HRD Coordinator. Please verify with office (503) 413-2672 or online the class dates with availability. **Participants are allowed to take the HRD class only once every three years**.

Name: _____ Male _____Female_____

Address: _____ City_____

State: _____ Zip Code _____ Phone: _____

Birth Date: _____ Drivers License #: _____

Offense Conviction or Citation: _____
(type of offense)

Referring Court: _____ Citation #**:** _____

Scheduled Course Date: _____

Rescheduled Course Date ($20 fee applies): _____

Rescheduling is allowed once for emergent or justifiable reason and incurs a $20.00 rescheduling fee. Participants from some municipal courts (Tigard, Troutdale) must contact the court to reschedule. The $20.00 rescheduling fee will apply in addition to any fees charges by the court for rescheduling.

The following information to be completed by the HRD Coordinator:

COURSE DATE: _____

☐ All course requirements completed.

☐ Course requirements NOT completed.
Explanation:
_____

_____ _____
Course Coordinator Date

RESCHEDULED COURSE DATE: _____

☐ All course requirements completed.

☐ Course requirements NOT completed.
Explanation:
_____

_____ _____
Course Coordinator Date

(10/08)

High Risk Driver Course
Participant Information

Municipal Courts and Individual Referrals

You have been given the opportunity to participate in the High Risk Driving Course at Emanuel Hospital. The course is designed to educate drivers to the potential and very real consequences of "high-risk" driving behaviors. You will spend eight hours at Emanuel Hospital. During this time you will hear several presentations on the consequences of high-risk driving, have contact with victims of traumatic injuries and their families and discuss death as possible consequences of high risk driving choices. Participation in the course will include group discussions and testing, including essay questions and an evaluation of the course. We anticipate that facing the reality and potential consequences of high-risk driving behavior will positively affect the attitudes and behaviors that contribute to choices, which place you and others at risk of serious injury and death.

Requirements:

1. You may only attend a High Risk Drivers Class once within three years at Legacy Emanuel.

2. **PRE-REGISTRATION IS REQUIRED!** Registration information can be located at **www.legacyhealth.org/HRD**. You may also call 503 413-2672 or email at **mmorriso@lhs.org** to register and to verify available dates.

3. Sign and abide by the informed consent and contract. This form needs to be returned to Legacy Emanuel prior to the class.

4. The course is 8 hours, with breaks during the day.

Saturday, 1 day course:		**Weekday, 2 evening course: (Wednesday & Thursday)**
Sign-in: 8:30 to 9:00 AM	**OR**	**Sign-in: 5:00 to 5:30 PM**
Class 9:00 to 5:30 PM		**Class 5:30 to 9:30 PM**

Your scheduled course date is: _____

Rescheduling of your class date is allowed one time within the limits set by the court. A **$20.00 rescheduling fee will apply.** Participants from some municipal courts (Tigard, Troutdale) must contact the court to reschedule. The $20 reschedule fee will apply in addition to any fees charged by the court for rescheduling. To reschedule, you must notify the HRD Course Coordinator at (503) 413-2672 at least 48 hours in advance of your scheduled class date.

5. **COST: $50.00 must be paid in cash** (no checks) plus any rescheduling fees to the course coordinator on the day of the class. Payment, as well as your full participation is required for satisfactory completion. Any arrangements for reduced or waiver of payment must be made in advance by calling Michael Morrison at (503) 413-2672**.**

Guidelines for Participant:

1. **Arrive on time.** Participants that arrive late will not be admitted to the class.

2. **Wear appropriate clothing.** Plan to dress conservatively and neatly. No clothing that is unclean or with holes. You will be visiting patients in the hospital; participation will be denied for inappropriate attire.

3. **You must exhibit proper behavior and attitude while participating in the course.** You will be in a hospital and rehabilitation center where patients and families are recovering from traumatic injuries. Misconduct, failure to participate or follow instructions will end your involvement with this program. The court will be notified if you fail to complete the course.

4. **EMANUEL HOSPITAL IS A NON-SMOKING FACILITY!**

5. **The hospital cafeteria is available for lunch and breaks.** Plan to spend $4 - $10.00 for lunch or you may bring your own food. Box lunches are also available for purchase at the beginning of class for $5.00.

6. **Use of alcohol and other drugs, before or during class will exclude you from the program.** The course is intensive; this will be a full day of work for you. Plan to get plenty of rest the night before.

7. If you have questions about this program, please call: **Mike Morrison RN, at (503) 413-2672**.

The High Risk Driver Course is held at Emanuel Hospital; see the following directions.

Legacy Emanuel Hospital

301 N. Graham Street
Portland, Oregon 97227

Parking is free. Lot #1 at Vancouver Ave. and Stanton Street, or Lot #3, at cross streets of Gantenbein Ave. and Graham Street. <u>Lot #3 is recommended for evening classes</u>.

- **TriMet Bus #'s:** 4, 33, 44;
- **Max:** Yellow line at Albina and Mississippi, up the hill ¼ mile to Graham and Gantenbein St.

- **I-5 — From the North:** Take the Alberta St. Exit #303. Turn Left on Alberta St. and go about 0.3 miles to Vancouver Ave. Turn Right on Vancouver Ave. Turn right on Stanton for Lot #1. ***Or,*** Turn Right on Graham or Knott St. and go one block to the hospital for Parking lot #3.

- **I-5 — From the South:** Take the Rose Quarter/Broadway-Wielder Exit #302A. Proceed straight one block. Turn Left on Broadway St. and move immediately into the right lane. Turn Right on Williams Ave. Turn left on Stanton for Lot #1. ***Or***, Turn Left on Knott or Graham St. and go one block to the hospital, for Parking lot #3.

- **I-84 — From the East:** Take I-5 northbound then follow the "From the South" directions as listed above.

- **Hwy 26 or 30 —From the West:** Take I-405 North. While crossing the Fremont Bridge get in the far right lane and take the Kerby Ave. Exit. Proceed straight at the light on Gantenbein Ave for Lot #1.
Or, for Lot #3, Turn left at the stop sign and go one block. Turn Right on Vancouver Ave. Turn Right on Graham or Knott St. and go one block to the hospital lot #3.

Emanuel Hospital High Risk Driver Program
Informed Consent and Contract

I _____,_ **(PRINT NAME)** voluntarily agree to participate in Emanuel Hospitals' High Risk Driver Education Program. This program is designed to be a deterrent for high risk driving behaviors. The program demonstrates some of the potential consequences of these behaviors. I understand that what I see or hear in this program is meant to have an emotional impact on me. I may experience psychological discomfort.

As a benefit, I will learn about the potential medical consequences of high-risk behaviors. The purpose of the program is to lower the frequency of citations and crashes for young drivers. This program may save my life, and/or the lives of others. I will not be expected to do anything that I am not physically or emotionally capable of doing.

CONFIDENTIALITY

I promise not to communicate information of any kind regarding Emanuel Hospitals' patients or their families outside of the classroom.

LIABILITY

I agree to hold Emanuel Hospital, its' employees or agents, harmless of any liability related to my educational and observational experience as a part of this program.

TERMINATION OF AGREEMENT

I understand that I can choose to withdraw from this program at anytime. Likewise, Emanuel Hospital employees or agents may terminate my experience at any time.

If I fail to show up on time, have any signs of drug or alcohol use, fail to participate in small group discussions and lectures, fail to follow hospital employee or agent's instructions, or fail to follow hospital policies; the facility may terminate my experience. If for any reason I am no longer participating in the High Risk Driver program, I agree to immediately leave the Hospital's campus.

PROGRAM COMPLETION

A report will be submitted to the court as to whether I have satisfactorily completed the program. Should I fail to complete the program for any reason, I will be subject to an alternate sentence to be determined by the court.

I have read and agree to the above terms:

Signed _____ Date _____

_____ _____

Parent/Guardian if under 18 years old **Scheduled Course Date**

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HIGH RISK DRIVER COURSE
SCHEDULE FOR JANUARY TO JUNE 2010

DATE	DAY	TIMES	ROOM
January 9 Coordinator: Legal Issues:	**Saturday**	**0900 to 1730**	**Auditorium**
January 23 Coordinator: Legal Issues:	**Saturday**	**0900 to 1730**	**Auditorium**
February 13 Coordinator: Legal Issues:	**Saturday**	**0900 to 1730**	**Auditorium**
February 27 Coordinator Legal Issues:	**Saturday**	**0900 to 1730**	**Auditorium**
March 3 & 4 Coordinator: Legal Issues:	**Wed. & Thurs. PM**	**1730 to 2130**	**Auditorium**
March 27 Coordinator: Legal Issues:	**Saturday.**	**0900 to 1730**	**Auditorium**
April 10 Coordinator: Legal Issues:	**Saturday**	**0900 to 1730**	**Auditorium**
April 24 Coordinator: Legal Issues:	**Saturday**	**0900 to 1730**	**Auditorium**
May 8 Coordinator Legal Issues:	**Saturday**	**0900 to 1730**	**Auditorium**
May 22 Coordinator: Legal Issues:	**Saturday**	**0900 to 1730**	**Auditorium**
June 16 & 17 Coordinator: Legal Issues:	**Wed. & Thurs. PM**	**1730 to 2130**	**Auditorium**
June 26 Coordinator: Legal Issues:	**Saturday**	**0900 to 1730**	**Auditorium**

Legal issues are Thursdays for the PM classes

Auditorium is down stairs in the Lorenzen Conference Center

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HIGH RISK DRIVER COURSE
SCHEDULE FOR JULY TO DECEMBER 2010

DATE	DAY	TIMES	ROOM
July 10 Coordinator: Legal Issues:	**Saturday**	**0900 to 1730**	**Auditorium**
July 24 Coordinator: Legal Issues:	**Saturday**	**0900 to 1730**	**Auditorium**
August 14 Coordinator: Legal Issues:	**Saturday**	**0900 to 1730**	**Auditorium**
August 28 Coordinator: Legal Issues:	**Saturday**	**0900 to 1730**	**Auditorium**
September 11 Coordinator: Legal Issues:	**Saturday**	**0900 to 1730**	**Auditorium**
September 29 & 30 Coordinator: Legal Issues:	**Wed. & Thurs. PM**	**1730 to 2130**	**Auditorium**
October 9 Coordinator: Legal Issues:	**Saturday**	**0900 to 1730**	**Auditorium**
October 23 Coordinator: Legal Issues:	**Saturday**	**0900 to 1730**	**Auditorium**
November 13 Coordinator: Legal Issues:	**Saturday**	**0900 to 1730**	**Auditorium**
November 27 Coordinator: Legal Issues:	**Saturday**	**0900 to 1730**	**Auditorium**
December 11 Coordinator: Legal Issues:	**Saturday**	**0900 to 1730**	**Auditorium**
December 29 & 30 Coordinator: Legal Issues:	**Wed. & Thurs. PM**	**1730 to 2130**	**Auditorium**

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