



PARENTAL CONSENT FORM

(For students less than 18 years of age or still in high school)

Course Number		Date
Course Coordinator		

Student's Name		Date of Birth	
Address			
City	State	Zip Code	
Telephone Number	Email Address		

EMS Education Institute Name
Course Location (Facility/Campus Name)

I, _____, a parent or guardian of _____ understands that my son/daughter is interested in enrolling in a course leading to certification by the Pennsylvania Department of Health, Bureau of EMS. I realize this is a course dealing with Human Anatomy and Physiology, and will require working closely with and physically assessing (touching) other students and have other students assess (touch) them. My son/daughter will be taught how to handle emergencies such as: respiratory and cardiac arrest, choking, severe bleeding, emergency childbirth, and vehicle rescue. My son/daughter will also be responsible for the evaluation, assessment and treatment of patients in a medical setting that will be supervised by a medical professional and/or EMS Instructor.

The intent of this course is to educate and certify personnel in emergency procedures. Therefore, I understand he/she will be taught all the skills required in an Emergency Medical Services Course to function independently, possibly on a Basic Life Support Ambulance. To accomplish this, he/she will have to meet or exceed the requirements for course completion and certification to be certified as a Emergency Medical Responder or Emergency Medical Technician in the Commonwealth of Pennsylvania.

Thus, I do, therefore, permit _____ to enroll in this course of instruction beginning on: _____.

PARENT OR GUARDIANS SIGNATURE _____
DATE