

PARENTAL CONSENT FORM

Office Use Only	
Course Name/Number _____	Date _____
Coordinator _____	

Student's Name

Date of Birth

Address

() -
Telephone Number

City

State

Zip Code

Course Location

Facility Name

I, _____, a parent or guardian of _____ understand that my son/daughter is interested in enrolling in an Emergency Medical Training course leading to certification by the Pennsylvania Department of Health. 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.

The intent of this course is to train 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 First 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 Guardian's Signature

Date