



PARENTAL CONSENT FORM

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

Student's Name

Birth Date

Street Address

Phone Number

City

State

Zip Code

Course Facility

I, _____, a parent/ 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 & 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 therefore permit _____ to enroll in this course that begins on _____.

Parent/Guardian's Signature

Date