



**PARENTAL CONSENT FORM**

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

Office Use Only	
Course 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 \_\_\_\_\_ understands that my son/daughter is interested in enrolling in a 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 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 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 GUARDIANS SIGNATURE	_____ DATE
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