

## STUDENT RELEASE AND CONSENT FORM

### RELEASE STATEMENT:

In compliance with the federal Family Educational and Rights to Privacy Act of 1974 and the Buckley Amendment, I authorize and give my permission to the Pennsylvania Department of Health and the Pennsylvania Regional EMS Council to release information concerning my training records to:

- (1) The primary instructor of this course:
- (2) The local EMS Educational Institute, if this course is being conducted within, or in collaboration with, such institute
- (3) Any federal or state agency (or other) authority to certify, regulate and/or fund EMS programs and personnel
- (4) and/or \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

### PARENTAL PERMISSION TO ENROLL

(TO BE COMPLETED BY A PARENT/GUARDIAN OF APPLICANTS WHO ARE AT LEAST 16; BUT NOT YET 18 YEARS OF AGE)

I, \_\_\_\_\_, a parent or guardian of \_\_\_\_\_ understands that he/she 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. He/she will be taught how to handle emergencies such as: respiratory and cardiac arrest, choking, severe bleeding, emergency childbirth, and vehicle rescue. He/she 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 an Emergency Medical Responder or Emergency Medical Technician in the Commonwealth of Pennsylvania.

I understand the EMS Educational Institute is not authorized to provide travel, medical, or health insurance to students. I also understand my child may be exposed to infectious diseases, and physically strenuous and/or hazardous environments.

Thus, I do, therefore, permit \_\_\_\_\_ to enroll in

this course of instruction beginning on: \_\_\_\_\_.

\_\_\_\_\_  
PARENT OR GUARDIANS SIGNATURE

\_\_\_\_\_  
DATE