



WV Public Service Training



Permission Form for Junior EMR Students

I, _____, hereby confirm that I am the legal parent and/or guardian of _____, a child under the age of eighteen and over the age of sixteen (16), who is a student in the Emergency Medical Responder class being conducted at _____.

I acknowledge that Emergency Medical Services is potentially hazardous and that _____, of whom I am the legal parent and/or guardian, may be injured or exposed to communicable diseases or other scenes and situations more suitable for adults. By signing below, I hereby release the WV Department of Education, West Virginia Public Service Training and its instructor(s), and the Emergency Medical Services agency and any and all of their agents and employees harmless from any and all liability, damages, expenses, or financial obligations arising out of any course related training or activities.

Parent or Guardian Signature

Date

Public Service Training Instructor

NOTE: IF THIS FORM IS NOT SIGNED AND RETURNED, THE STUDENT WILL NOT BE ALLOWED TO PARTICIPATE AND WILL NOT BE ABLE TO COMPLETE THE EMR COURSE.