



Student Permission Form for BLS Students Less than 18

PARENTAL ACKNOWLEDGMENT:

By signing this document, you agree that your daughter/son has the capabilities of managing these mature matters. The Office of Emergency Medical Services welcomes all interested individuals to participate as an informed member in this very rewarding activity.

I have reviewed this letter and discussed with my daughter/son the activities associated with being an EMS provider. Having no further questions, I consider to possess the necessary maturity to perform the duties of an Emergency Medical Services Provider and authorize their enrollment in this EMERGENCY MEDICAL RESPONDER or EMERGENCY MEDICAL TECHNICIAN course.

Signature

Date

Relationship to Applicant: _____

This letter must be presented to the EMT Instructor who will keep it on file with the records for the Emergency Medical Services program the above applicant has enrolled. This letter must be returned to the EMT instructor within one week after receipt by the student in order to remain in the course.

Virginia Office of Emergency Medical Services

1041 Technology Park Drive

Glen Allen, VA 23059

804-888-9120

<http://www.vdh.virginia.gov/emergency-medical-services/>

EMS.TR.07

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