

Form: TR-07

Dear Parent/Legal Guardian:

Your daughter/son has expressed an interest in being certified as an Emergency Medical Services Provider. The Virginia Department of Health Office of Emergency Medical Services (OEMS) requests that you take a moment to review this letter. If you have any concerns, please discuss them with your daughter/son, Program Director or someone at the OEMS.

The Emergency Medical Services (EMS) Basic Life Support (BLS) Course is a program which trains people to assist injured or ill individuals outside the confines of a hospital. The curriculum used in Virginia is a nationally recognized program developed by the U.S. Department of Transportation.

The curriculum requires a minimum of number of hours of classroom instruction and for Emergency Medical Technician (EMT) programs an additional 10 hours of clinical experience either by hospital emergency department observation, or a ride-a-long on an ambulance. Following successful completion of a State approved course, the student is allowed to take the State Certification Examination. Passing both the written and practical aspects of the State examination certifies the student to perform the duties of an EMS provider.

Because of the responsibilities placed on an EMS provider, the State of Virginia requires that anyone who has not reached the Age of Majority (under 18 years of age) must have permission from their parent or legal guardian to become certified as an EMS provider in Virginia. **The individual must be at least sixteen (16) years of age before the course starts to enroll in an EMS program.**

To participate in the delivery of health care can be a very rewarding experience. However, the responsibilities of an EMS provider are great and at times extremely stressful. The balance of a patient's life may rest with the actions taken by the provider. The consequences of such situations can be positive; but can also be a source of frustration, guilt, and emotional distress. Physical injury is also a very real possibility.

EMS providers are at a greater risk of exposure to infectious diseases, hazardous environments, and violent behaviors. EMS' training programs provide information on how to protect oneself when dealing with these hazards. However, the nature of EMS activities tends to place EMS providers in dangerous situations where the maturity and experience to deal with critical decisions is of the most importance.

APPLICANT/STUDENT INFORMATION

Name	_____	_____	_____
	Last Name	First Name	MI
Mailing Address	_____	_____	_____
	Number, Street, Apt.	City	State Zip
E-mail Address	_____		

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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.

Name _____
Last Name First Name MI

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 in which the applicant has enrolled. This letter must be returned to the Program Director within one week of receipt by the student to remain in the course.

Parental Permission Form