Trumbull EMS

Winter 2017- EMT Registration Form

Student Name: _____

Address: _____ City/Town_____

Contact Number:_____

Students email address: _____

Shirt Size: _____

Is the student over the age of 18: Yes or No.

If the student is under the age of 18, the parent/guardian will be asked to sign State of Connecticut permission slip during the first week of class.

If the Student is attending school, please indicate school and grade.

School (if applicable): _____ Grade: _____

If the student is under the age of 18: Parents/Guardians please read and sign below.

I understand that my child will be learning about topics such as medical emergencies, trauma emergencies, gynecological emergencies, childbirth, mass casualty incidents, and other topics that may not be not be appropriate for all ages.

This class is a college level course. Attendance is required to all classes and failure to miss more than twenty (20) hours will result in the student not being allowed to take the CT/NREMT Certification Exam. Students will advance to the certification exam based on class grade of 70% or higher and adhering to the classroom attendance policy.

Parent/Guardian Name:_____

Signature:_____

Date:_____