

# PARENTAL CONSENT FORM

(submit with license application)

Under age 18 applicant for certification as:

Emergency Medical Services -- First Responder

## PARENT/GUARDIAN

The undersigned party is the parent or legal guardian of \_\_\_\_\_, Applicant, a minor, who wishes to apply for certification as an Emergency Medical Services -- First Responder. I understand that the Service Director of, \_\_\_\_\_ (name of EMS service), must approve my child's application.

**As the Parent/Guardian, by signing this form, I acknowledge (by initialing each box below) that:**

- Applicant is over the age of 16.
- The EMS Service Director has the authority to govern my child's participation in this process.
- Applicant shall notify Injury Prevention and Emergency Medical Services Bureau of the Public Health Division of the New Mexico Department of Health (P.O. Box 26110, Santa Fe, NM, 87502-6110).
- Applicant shall comply with all other applicable provisions of Department of Health regulation.

**The undersigned understands and accepts the requirements for enrollment of a minor for EMS – First Responder.**

\_\_\_\_\_  
signature of parent or guardian

\_\_\_\_\_  
date

\_\_\_\_\_  
printed name of parent or guardian

## NOTARY

STATE OF NEW MEXICO

COUNTY OF \_\_\_\_\_

The Foregoing instrument was acknowledged before me on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, by \_\_\_\_\_

\_\_\_\_\_  
Notary Public

## APPLICANT

**By signing this form, you acknowledge that successful completion of EMS – First Responder certification is conditioned on several factors including:**

1. Securing at least two letters of support from teachers, employers or community leaders.
2. Successful completion of an approved EMS training course and completion of DOH written exam, as verified by a course completion exam.
3. Securing permission from the principal of your school or your employer.
4. Submitting a DOH application with appropriate fees.

**The undersigned understands and accepts the requirements for enrollment of a minor for EMS-First Responder training.**

\_\_\_\_\_  
signature of Applicant

\_\_\_\_\_  
date

\_\_\_\_\_  
printed name of Applicant

## SERVICE DIRECTOR SUPPORT

I, EMS Service Director of \_\_\_\_\_ (name of EMS Service), recognized by the Injury Prevention and Emergency Medical Services Bureau of the Public Health Division of the New Mexico Department of Health (Bureau), hereby supports the application for certification of Applicant and represents that the Service will provide appropriate supervision and liability coverage for Applicant.

\_\_\_\_\_  
signature of Service Director

\_\_\_\_\_  
date

\_\_\_\_\_  
printed name of Service Director

Phone with area code: \_\_\_\_\_

E-Mail Address (if available): \_\_\_\_\_